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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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			CERTIFICA	TE OF DEATH	Reg. Dist. No. 1	31
1. PLACE OF DEATH:  County Frederick  City or team (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 35 years  Hospital, instillulion, or street address where death occurred:  334 North Market Street  How long in hospital or instillution?			t	City or Frederick (If outside city or street No. 334 North	County Frederick  County Frederick  County Frederick  County Frederick	
3. (a) FULL NAME  MAE HAWKER ALEXANDER			ALEXANDER		3. (b) Social Security I	Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   M			M		cal CERTIFICATION ember 9th 18 47	, at 8:55P
deceased (mo., day,	<sub>yr.)</sub> Janus	ary 25,	) If alive, give age 65 years	and that I last saw hell alive on	the dale above stated; that I attended decea	19 77
8. AGE: Year 64	7	Days 14	If less than one dayhrsmin.	Contradorna i mena		njear
9. Birthplace Church Hill-Frederick-Maryland (Town, county, and state)  10. Usual occupation			tate)	Due fo		
2 Name   12 Name   13 Birthplace   Frederick County Maryland			ty Maryland mmerman	1	within 8 months of death)	
16. Informant John H. Alexander			ler	Autopsy results	Date of op	otatiotically,
Address 334 N. Market St., Frederick, Md.  Burial  (Burial, committee; Semonal, Which)  Cemelery or committee; Mount Olivet Cometery  Frederick, Maryland			of 9/12/47 (month) (day) (year) Cemetery	22, VIOLENCE: If death was due to a Accident, suicide, or homicide  Where did injury occur?	external causes, fill in the following;	(State)
18. Funeral director	M. R.	Etchis	on and Son aryland	Injured at home, farm, Industry, public Msans of Injury	injured at work?	***************************************
19. Description (Date rec'd by re	t 1345	60	izalutta y. Hack	23. SIGNATURE 22. Address 22. SIGNATURE 22.	M, D. o	2/. /



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH: Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland Frederick  City or town (If outside city or town limits, write RURAL and give nearest town)		
Mariamont				
City or town	RURAL and give nearest town)			
How long in above place of death?	. С С ТШС			
Hospital, institution, or street address where death occur	red:	Street No		
		(If rural, give)	LOCATION)	
How long in hospital or institution?	***************************************	2.(a) It veteran, name war		
3. (a) FULL NAME			3. (b) Social Security Number	
Esthe	r Clara Angevin	0.	051-16-3402	
	gle, married, widowed, or divorced		RTIFICATION	
Female White	Married	Sentember	T6 T947 8 P: M	
		20. DATE OF DEATH.	16, 1947 8 P: M	
8.(b) Name of husband or wife Joseph H	R. Angevine	21. I CERTIFY that death occurred on the date about		
	. 6	June 16 194	15 10 September 1 19 47	
7. Birth date of		and that I last saw h. D. alive on S. S.	Asmbh 16 1947	
deceased (mo., day, yr.) Septembe:	r 23, 1882	Immediate cause of dooth		
8. AGE: Yeare Months Days	It less than one day		Eumonia 1 day	
64 II 23	hrsmin.		*	
Middletown Fred	derick Co., Md	Canting bi	Luse 5 days	
9. Birthplace Middletown, Fred	d atate)	Due to	and the state of t	
10. Usual occupation. Housewif				
	0.0000000000000000000000000000000000000	Due to		
11. tndustry or businese Home Charles T.	Kinna.	Hy seaton St	4m	
Charles T.  12. Name Myersville,	***************************************	Other conditions	all	
	110.0	(include pregnancy within 8 m	nonths of death)	
14. Malden name Loretta Ga 15. 8irthplace Myersville	V⊕I.•	Major findings of operations.		
2 15. 8irthplace Myersville	, Md.		Date ot op	
Mn Tocenh A	ngevine.	1 Just done		
10. III(UIII(alit		PHYSICIAN: Please underline the cause to wh	ich death should he charged statistically.	
Address Thurmont, M				
Burial Bate th	ereot Sept. 20, I94	22. VIOLENCE: 11 Beath was bue to external caus		
(Burial, cremation, or removal. Which?)	(month) (day) (year)			
Cemetery or crematory Creagerst	own, Cemetery	Where did Injury occur?(City or town)	(County) (State)	
Creagerst Creagerst	Md.	Injured at home, tarm, Industry, public place (wh	ere?)	
LUCETION	994	Means of Injury	Injured at work?	
18. Funeral director M. L. Cre ag	er & Son	means or injury	h A	
Address Thurmont, Mc	i.	M. Frankli	- Durch Klin	
		23. SIGNATURE M. Trauble	M. D. or other	
19 Sept 19 1947	Much D. agenstrar	Address Thurmond,	Md. Date Signed Sspx. 18, 194	

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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#### CERTIFICATE OF DEATH

0797131 Reg. Dist. No.

1. PLACE OF DEATH: · \	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Frederick	(For newborn infants give residence af mother)
City or twee (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
Frederick Memorial Hospital	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) if reteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Besilley Bra-Catheren	B. No
4. Sex 5. Color or race (a) liagte, married, widowed, or diverced	MEDICAL CERTIFICATION
Famelo white Married	20. DATE OF DEATH 27 19 77 at 91. M
6.(b) Name of husband or wire Albert C. Berchley	21. I CERTIFY that death occurred on the date above stated: that i attended deceased from
	Sept. 23 1947, 10 Lept. 27 1947
7. Birth date of	and that t last saw h 12 alive on Sept. 27 19 47
deceased (mo., day, yr.) May 29 - 18)6	Immediate cause of death
8. AGE: Years Months 3 Days If less than one day	
7/ <b>B</b> 29hrsmin.	(inchas diemonhage 3 days
9. Sirthplace Middle town Eved 16. Md.	Due to
1D. Usual occupation Hosse wite	Due to
11. Industry or business	
12. Name Franklin Bowly S 13. Birthplace Middleton M	Other conditions Munipalement
	(Include pregnancy within 3 months of death)
14. Malden name Sax Beach Lead	Major fiediogs of operations.
5 15. Birthplace Mid al etoon, Ma	Major nodiogs of operations
16 Informant Albert C. Berchley	Aotopsy results.
N. 111 / W7	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address Middle town 1110	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial expansion as removal Which)  Oate thereof (month) (day) (year)	Accident, suicide, or homicide
constance and Rolanizas Cometery	Where did Injury occur?
My 1 1 1 - 1 My	Injured at home, farm, industry, public place (where?)
Location M. J. d. Lectors and J. d.	Means of Injury tolured at work?
18. Funeral director	
Address Middletown, Md.	as cianizing a. a. a. Deesse M.D.
Pitze Ha Elistet & Hach	23. SIGNATURE M. D. or other
(Date sec'd by registrar) Registrar	Address Date signed 1/2-7/1/2

A Contract of - waters 1 1 / Land exigant limmed & suchasi Lawren white stant Do Jacott - 9 440 JIA -RECEIVED OCT 2 1947 freedom will a regulate LINE DESCRIPTION OF THE STATE OF

## information carefully of death clearly and ADING INK. Supply every item of Physicians: please write the causes

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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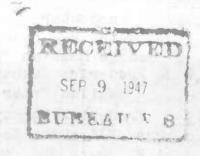
3. (b) Social Security Number

PLACE OF DEATH: Sunly Frederick		
Frederick	limits, write RURAL and give nesrest town)	
ow long in above place of death?ospilal, institution, or street address when Frederick Memor	re death occurred: ial Hospital	
ow long in hospital or institution?	nce August 26, 194'	7
. (a) FULL NAME		

(For newborn infants give residence	
Slate Maryland	County Frederick
Frederick	mits, write RURAL and give nearest town)
	give LOCATION)

3. (a) FULL NAMI				
	FLOREN	CE BOST	PIAN	
4. Sex	5. Color or race	6.(a)Single, m	essied widowed, or divorced	
F	W	S		
6.(b) Name of huaband		2 (4) 14	alive, give ageyeara	
7. Birth date of deceased (mo., day, y	Thelma		871	
8. AGE: Yeare	Months	Days	If lesa than one day	
76	?		hra,min.	
1D. Uaual occupation  11. Induatry or bualness  12. Name	Inspect Union Ma orge Bos Frederick Matilda Frederick E. Elizab	nufactutian County Eyler County eth Koo	y Maryland  Maryland  Maryland  ontz  rederick, Md.	
	77 3	Date thereof	9/9/47 (month) (day) (year)	
Cometery or crematory Rocky Hill Cemetery Location Near Woodsboro, Maryland				
	M. R. Et			
Address	Frederic	k, Mar	yland	
19. S Des (Date rec'd by 18	19 \\ )	Elia	abeth J. Heck	

	214-10-1210
16-0	MEDICAL CERTIFICATION
	20. DATE OF DEATH. September 6th 19 47 at 10:30E
yeara	21. I CECTIFY that death occurred on the date above ataled; that J allended deceased from  19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
min.	Immediate cause of death DURATION DURATION
ıd	Bue to.
pany	Due to
<u>a</u>	Other conditions
d	Major findings of operations.  Date of op.
Md.	Autopsy results
year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
	Where did Injury occur?
- 4	Means of Injury Injured at work?
	23. SIGNATURE M. D. M. D. or other
Registrar	Address Frederick, Maryland Date algaed 9-8-47



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#### MARYLAND STATE DEPARTMENT OF HEALTH

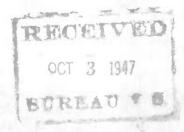
2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: County Frederick		2. USUAL RESIDENCE (HOME) ( (For newhorn infants give residence of Maryland	(mother)
Cily or town limits, write RURAL and give nearest town)		Enedeniek	uaty
How long in above place of death?	alh occurred:	City or to (If outside city or town limit Street No. 103 East Patr	ts, write RURAL and give neareat town)
Frederick Memoria	· · · · · · · · · · · · · · · · · · ·	(If rural, give LOCATION)  2.(a) If veteran, name war. None	
3. (a) FULL NAME ROBERT	GOODMAN BOYD		3. (b) Social Security Number
4. Sex 5. Color or race W	6.(a)Single, married, widowed, or divorced		ERTIFICATION
6,(b) Name of husband or wife		20. DATE OF DEATH	
deceased (mo., day, yii)	23, 1947	and thal I last the h. Last and alive on	911 - 9 19 OUR
8. AGE: Years Months O 1	0 ays It less than one day 6min	Congestal ateles	dani 12
	rederick-Maryland	Oue to. " ansmia	Burth 1m
11. Industry or business		Due to. Orematine &	th
Horace E. 12. Name Horace E. 13. Birthplace Frederick		Other conditions Hematen	2 518
14. Maiden name Minnie To	omlin	(Include pregnancy within 8	
16. Informant HOPACE E.	Boyd k St., Frederick, M	Autopsy results	p
	Date thereof 10/1/47	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	Pale of
Location Freder:	ick, Maryland	Injured al home, farm, industry, public place (	
18. Funeral director M. R.	Etchison and Son	Means of Injury	Injured at work?
Address Freder:  19. 1 - Oct 19. 4 1	ick, Maryland Elmubeth y. Heck	23. SIGNATURE Hauns Address Frederick, Man	cyland Date signed 9-29



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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07974

Reg. Dist. No.

#### CERTIFICATE OF DEATH

4.							
1. PLACE OF DEATH: County Frederick City or Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?  2 Days				2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)			
			•••••	Delement			
			W175 A 7	Sizie			
			tural and give nearest town)	Oity or term (If outside city or town limits, write RURAL and give nearest town)			
How long in above plac	ce of death? or street address where	death occurred	1:		a give nearest town,		
Frederi	ck Fair	Ground	s	Straat No(If rural, give LOCATION)			
				187 7 A VAI 77			
	or institution?		•••••••••••••••••••••••••••••••••••••••				
3. (a) FULL NAM				3. (b) Social 3	Security Number		
	CHAR	LES BO	YLES				
4. Sex	5. Color or raca	6.(a)Sing	a, married, widowed, or divorced	MEDICAL CERTIFICATI	ON		
M ** :	C	Ur	lknown	20, DATE OF DEATH Sey 17 30	. V7 . 7. A. w		
214		0.					
6.(b) Name of husban	d or wifa			21. I CERTIFY that death occurred on the data abova atatad; that I atte			
			c) if alive, give agayesrs	. 41 - 61	19		
7. Birth date of			o) il alito, gito agayour	and that I last aaw h. f. C. liva on	30 19 47		
daceased (mo., day	. 7.17	nown		Immediate cause of death	OURATION		
8. AGE: Yea		Days	If less than ona day	Cornary seeling	1		
50 ?			hrs min.		ay		
1127	Unknown			To the state of th	9.		
9. Birthplace	(Town	eounty, and	atate)	Due to			
8%	Labore						
10. Usual occupation		ofta :		Oua 10	***************************************		
11. Industry of busing	255						
H 12 Name U	nknown		***************************************	Other conditions			
12. Name	Un	known					
				(Include pregnancy within 8 months of death)			
置 14. Maiden nam	. Unknow			Major findings of operations.	***************************************		
14. Maiden nam		Unkno	own	Oate of			
Sh	eriff's	Office		Autopsy results.			
16. Informant			***************************************	PHYSICIAN: Please underline the cause to which death should b	e charged statistically.		
Address F'I	rederick,	Mary		22. VIOLENCE: If death was due to external causas, fill in the follow			
Remova	1	Onto the	10/1/47				
Oate thereof			(month) (day) (year)	Accident, suicide, or homicide			
				Where did injury occur?(City or town) (County	(State)		
	/ilmingto			injured at home, farm, Industry, public place (whare?)			
Location	TIMITIE	119 00.	Lawais				
18. Funaral diractor	. M. R.	Etchis	on and Son	Miconal of Injury			
7.50			Maryland		outy Medical		
Addrass	110001		N 1.1	23. 010081002	miner M. D. or other		
10 1-000	19 4)	Popular	habeth y. Hech	Fredunce red	te signed 9.30.45		
(Data rac'd by	registrar)	*****	Registrar	Addrass Oa	ite signed		

OCT 3 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. [The correct age is especially imnortant. Physicians: please write the causes of death clearly and legible

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

Reg. Diat. No. / 3 2

County County	(For newborn infants give residence of mother)
Cily or town	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war
3.(a) FULL NAME Jeslie C. Ban	3. (b) Social Security Number
Male White Married, wildowed, or divorced	MEDICAL CERTIFICATION  2D. DATE DE DEATH S 1947, 21 8 50 PM
6.(b) Name of husband or wife. Ammie Wallers	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birih date of	and that I last saw hallve on
8. AGE: Years Months Days If less than one day	Immediate cause of death
53/8 6hrsmin.	Coronary Occlusion
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation	Due to.
E 12. Name D. Casmerel C. B. saludenber	Diher conditions
13. Birthplace Muyland	(Include pregnancy within 3 months of death)
14. Malden name Land Manuel and Serial Stringland Serial S	Major findings of operations.
16. Interment MIS. J. C. Bran Clean Congression	Autopsy results.
Address Middlelown Mig	PHYSICIAN: Please underline the cause te which death should be charged statistically.  22. VIOLENCE: If death was due to externat causes, till in the tollowing;
(Burial, cremation, or removal. Which?)  Date thereot. (mooth) (day) (year)	Accident, suicide, or homicide
Cemetery or cremaiory	Where did injury occur?
Location  18. Funeral director  18. Funeral director	Means of trijury tnjured at work?
Address Myeravillo, Md.	OZ Harb mi
19. Safet 9 19. 47 marie bladlill (Date rec'd by registrar)  Registrar	Address Address Date signed 9-9-47

Has had me dicastare from other plupicions. Last visit to plupicion on sept 5 19.47

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## 07376 Rog. Dist. No. 147

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH: Frederick				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Mt. Alry				State Maryland Count	Frederick	
City or town			URAL and give nearest town)	Mt. Airv		
How long in above place	of death?4	yea	T 2	City or town	write RURAL and give nearest town)	
Hospital, Institution, or	street address where	death occurre	f:	Street No	***************************************	
***************************************		*************	<b>6</b>	(tf rural, give L	(tf rural, give LOCATION)	
How long in hospital or	r Institution?	***************************************	***************************************	2.(a) It veteran, name war	***************************************	
3. (a) FULL NAM		ELDRI	DGE M. BROWNI	NG	3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White		rried	20, DATE OF DEATH Sand 3		
P (b) Name of husband	Annie	R.	Browning	21. I CERTIFY that death occurred on the date above		
			71	23.49		
7. Birth date of		ept.	c) If alive, give ageyear 20, 1875	and that I last saw h. J	19 4 7 19 4 7	
deceased (mo., day, )	71.7	-4-		Immediate cause of gleath		
8. AGE: Years 71		Days 13	If less than one dayhrs. min	axilyxialia	5 mi	
Fre	ederick C	o. Ma		The state of the s		
9. Birthplace	(Town.	county, and	itate)	Oue to	•••••••••	
10. Vsual occupation	Reti	red		3	7	
111	B . & . O	. R.R		Oue to.		
11. Industry or busines	Table la see			-		
差 12. Name			***************************************	Other conditions		
13. Birthplace		aryla		(include pregnancy within 3 me		
置 14. Malden name.	Sarah	Bran	den <b>bugg</b>	1		
14. Malden name.		aryla	nd	Major findings of operations	······································	
≥1 15. Birthplace	. Annie					
1B. Informant	*******************		***************************************	Autopsy results		
Address	M	t. Ai	ry, Maryland	PHYSICIAN: Please underline the cause to which	en death should be charged statistically.	
Buris	al		9-7-47	22. VIOLENCE: It death was due to external cause	00 03.11/	
(Burial, eremation	, oz semerał: Which?)	Date ther	(month) (day) (year)	Accident, suicide, or homicide	Oate of	
Cemetery or oromate	Pi	ne Gr	ove	Where did injury occur? (City or town)	(County) (State)	
Mt.	Airy, M	laryla	nd	Injured at home, farm, Industry, public place (whe		
Location			***************************************	Means of Injury Will	Injured at work?	
1B. Funeral director		******************	Waltz	monda of injuly	DR	
Address		Winfi	eld, Md.	N-(1)	DR. R. W. BAER	
1 1	1 117	1	1. 1 P 1	23. SIGNATURE	M.D. Arrother	
19 Sefet	/194.7 gistrar)		Registra	Address Freduct	Bate signed WAR	

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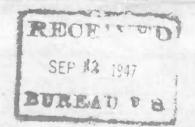
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(Date rec'd ly registrar)

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: How tong in above place of death? Hospital, Institution, or street address where death (If rurai, give LOCATION) How tong in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 7. Birth date of deceased (mo., day, yr.) DURATION It less than one day 8. AGE: (Include pregnancy within 3 months of death) is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; (month) (day) (year) Accident, suicide, or homicide..... Where did injury occur? .....(City or town) (State) (County) Injured at home, tarm, Industry, public place (where?) ...... Magna of injury Injured at work?



PLEASE WRITE

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

1. PLACE OF DEATH: -	2. USUAL RESIDENCE (HOME) OF DECEASED:
CountyT. X	(For newborn infants give residence of mother)
City or town(If outside city or town limits, write RURAL and give nearest town)	State M. d. County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rurol, give LOCATION)
How long in hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Minnie Elizabeth	Busszid 10
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
E 1 Warning	Sept 4 41 2201
LEMTIE CONTE LITER LIER	2D. DATE OF DEATH
6.(b) Hame of husband or wife. LANCES L. BUSSELd	21. I CERTIFY that death occurred on the duce above stated; that I attended disceased from
	1946 10 Sept 4 1947
7. Birth date of deceased (mo., day, yr.) Way 19, 1873	and that I last saw h. C. ailve on
8. AGE: Years Months Days It less than one day	Immediate cause of death
73 9 15min.	
1.4 0 10	Me Lesting Times 720
9. Birthplace. Mys. x x X !! Le L' ed . Lo . 1 Md . (Town, county, and atate)	Due to Media that
1D. Usual occupation. House Line	Probably malignant
	Due to
11; theodily of passing	
E 12. Name	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Plizabeth Hoopey	Major fiedings of operations
15. Birthplace Myersville, Md	Date of op.
16. informant Charles L Burral	Autopsy results
Address middleton me	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Policy 1 11 to 1011-	22. VIOLENCE: If death was due to external causes, fill in the following;
17	Accident, suicide, or homiciate
Cemetery or crematory Luthers Cemetery	Where did injury occur? (City or town) (County) (State)
2010.2	Injured at home, farm, Industry, public place (where?)
Location Control of Control	Meens of Thiury tolured at work?
18. Funeral director	0-1/120
Address Middleton Ind	as CONTROL & Harb (MW)
Polt 7 47 Topas Glashill	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address Det aletour Date signed 9-5-4

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Rog. Dist. No. ....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Tudency	mal fall !
City or town (If outside city or town limits, write RURAL and give nearest town)	- T
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 1/2 7 Market st
112 n. Market St	(If rural, give LOCATION)
	2.(a) tf veteran, name war
How long in hospital or institution?	2.(a) 11 Yeteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Thomas augustus	chaplene none
4. Sex 5. Color or race 6.(a) Single, married, andowed, or divorced	MEDICAL CERTIFICATION
male white widered	20. DATE OF DEATH 1947, 112 P. M
Man Buel	21. I CERIFFY that death occurred on the date above stated; that i attended decessed from
8.(b) Hams of bushend or wife Mary Byerly	Jan: 1 10 47, 10 12 1. 14 10 47
7. Birth date of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
I to the date of	
accessed (moti and the book of the control of the c	Immediate cause of death Hyperlate Premony 3 days
o. Add.	Hyperlate Fremony 3 days
76 3 /3hrsmin.	
9. Birthplace Shaper Shaper Shaper W. You	Due to mulliple peroris
9. Birthplace(Town, eounty, and state)	
10. Usual occupation County Tressures.	
	Due to
11. Industry or business	
12. Name Danc Thomas Elepline  13. Birtholace Shependolon W. Va	Other conditions
3. Birthplace Shependolery W. Va	
	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
15. Birthplace Seeclesch Ind	Date of op.
18 Interment Lea. M. Chapling	Antopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Braddock Holly, MC	22. VIOLENCE: It death was due to external causes, till in the tollowing:
Bereis Date thereof Sept 16, 1947	
(Burial, cromation, or removal. Which)	Accident, suicide, or homicide
Cemetery or crematory My Olivet	Where did injury occur?
	Injured at home, tarm, todustry, public place (where?)
Location Trederich McG	
18 Funeral director Harry & Carty Co	Missins of Injury Injury Injury Injury
10. Funcial direction	1,100
Address Tredericle, Mid.	23. SIGNATURE W. M. D. M. D. M. D.
16 So to Why Elisabeth of the old	M. D. or bther
(Date rec'd by registrar)  Registrar	Address et ine fines, The bate signed 9-15-47

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
County J'Alakelda Land	
attentions Bethel	State Mary County Thederick.
(If outside city or town limits, write RURAL and give nearest town)	1 CB + L D
How long in above place of death?	or town(If ontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
the state of the s	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
W. D. D. J. oft	soled Clerce.
Climetmina KIR	The state of the s
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Ternale White Midowed.	20, DATE DE DEATH Seltencher 5, 19.47, 21.5 P.
6, (b) Name of husband or miles Jahn 34 Clern.	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
	aught 201947 to 247 66-10-47
7. Birth date of	and thet I last saw help alive on October 20 19 64. 7
accesses (more est, 711)	Immediate cause desth
8. AGE: Years Months Days If less than one day	Haffing of well of
92 2 23min	Hamus 2
9. Birthplace Bethal Thederick Co. Mil	Due to
(Town, county, and state)	alle wast withing the
Ptics.	
1B. Usual occupation.	Due to.
11. Industry or business	to the second
×1 14 10	
12. Name	Other conditions
\$ 13. Birtholace A diffiel, md	
	(Include pregnancy within 3 months of death)
14. Malden name Statuta and Stanford	
0	Major findings of operationa
21 19. Birthplace Charles ville. Ind	— Date of op
16. Interment Messi Mary C. Slever	Aniopsy respits.
I 1 116 00 1 8 h	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Mederitie Com. N. M.	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Durial Date thereof Safet, 7, 19247	
(Buriai, oremation, or removal Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or wemeter, but he was the zel	Where did injury occur?
Location That	Injured al home, farm, Industry, public place (where?)
h & the sole And	Meens of Injury Injured at work?
18. Funeral director	T 11/1/11/11
Address Thurrant M.A.	- thank H / tell
1 9 - + us co. 1 to by the	23. SIGNATURE.  M. D. of other
19. (Date rec'd by gegistrar)  Registra	. I I I I I I LEGIO
(Date lee of DiffeRizerat) refligiting	Address Date signed



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

A15

#### CERTIFICATE OF DEATH

How long in above pla Hoapital, inatilution,	ederick	ifetim	•	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State		
3. (a) FULL NAM				3. (b) Social Security Number		Number
	E	lsie H	Rebecca Davis.		None.	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced		AL CERTIFICATION	
Female	White	V	Vidowed	20, DATE OF DEATH Septe	ember 4, 1947	JI:45 A
7. Birth date of	173	6.(0	Davis Oli alive, give ageyears Py 18, 1885	21. I CERTIFY that death occurred on the	e date above atated; that I attended deces 18.4.6	azed from
8. AGE: Yes	Months 2	Days I6	If less than one dayhrsmin.	Immediate cause of death.	Lemor legge	DURATION 2 lus.
1D. Usual occupation	Houses	ife		Due to	sin like	7
12. Name	Catocti		***************************************	Other conditiona.	0	,.,
14. Maiden nam	Elizat	eth H	oltz	Major findings of operations	within 8 months of death)	
16. Informant	Mrs: Cha Thurmont	***************************************		Autopsy results	use to which death should he charged	
Cemetery or crema	rial on, or removal, Which Blu	Date there Ridge	Sept. 7, 1947		xternal causes, fill in the following:  Date of  Dr town) (County)	
Location	Thurmont	, md.		Injured at home, farm, Industry, public	place (where?)	
18. Funeral director				Maans of Injury  M. Area	-fel: Brish	W.D.
19 Sept. 7 1947 Blanche S. Eyler (Dago rec'd by registrar)  19 Registrar				23. SIGNATURE Address Human	М. D.	or other SAT. 5, 1947



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07982

#### CERTIFICATE OF DEATH

eg. Dist. No. 139

1. PLACE OF DEATH: Frederick	(For newborn infants give residence of mother)		
County	Slate Maryland County Cecil  Cily or town Port Deposit  (If outside city or town limits, write RURAL and give nearest town)  Street No. R.F.D. 1, Box 33  (If rural, give LOCATION)  2.(a) If veteran, name war.		
3. (a) FULL NAME Daisy Deckman	3. (b) Social Security Number		
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   Female   White   Married	MEDICAL CERTIFICATION  20. DATE OF DEATH September 11 19 47 21 7:45A		
6.(b) Name of husband XXX Harry Deckman  6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 11 19 47 10 Sept. 11 19 47 and that I last saw h. er alive on September 11 19 47		
8. AGE: Years   Months   Days   If less than one day   25   3   4	Pulmonary Tuberculosis 15 Mos.		
9. Birthplace Tennessee  (Town, county, and atate)  Housewife  11. Industry or business  12. Name James Miller  13. Birthplace Tennessee	Due fo  Due fo  Dther conditions.		
14. Maiden name Loretta Miller  15. Birthplace North Carolina  16. Informant Deceased	(Include pregnancy within 3 months of death)  Major fiudiugs of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address  17. Buttal Bate thereof Sept. 3 1947  (Burial, cremation, or removal. Which?)  Cemetery or crematory. The Assault Court (Infonth) (day) (year)  Location	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		

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SEP 13 1947

2411 N. Charles St., Baltimore

07983

#### CERTIFICATE OF DEATH

131 Reg. Diat. No.

City or Hon. (11 c	erick derick  derick  of dealh? 50  street address where t Patric	death occurred k Stre	et	Street No. 138 West Pat:	ts, write RURAL and give near	est town)
3. (a) FULL NAM	E				3. (b) Social Security 1	iumber
	LAURA	CORDE	LIA DELPHEY			
4. Sex	5. Color or race	6.(a)Singt	e; married, widowed, or diversed-	MEDICAL C	ERTIFICATION	
F	W		M	20. DATE OF DEATH September	r 24th, 19 47	2:58A
6.(b) Nams of husband 7. Birth date of deceased (mo., day,	T 0	6.(	c) if alive, give age 81 years	21. I CERTIFY that death occurred on the date at  21. I CERTIFY that death occurred on the date at  19  and that I last saw h. e	bore stated; that lattended deces 12.2 to DEDL 21 ept 7	sed from
8. AGE: Years		Days 15	if less than one day	Immediate cause of death	100	<b>/</b>
9. Birthplace Bra 10. Usual occupation	At Ho	eounty, and i	ck-Maryland	Oue to De territor De Due to		18 hrs 25 yrs
El 12 Homo Jo	sephy Hi	ldebra	and	Other conditions		4
12. Name	Frederic	k Cour	ity Maryland			
14. Maiden name.	Anna T	wentej k Cour	nty Maryland	(Include pregnancy within 3 Major findings of operations.	Oate of op	
16. informant	W. Potri	ch St naibhe	y Frederick. M	Autopsy results		
, Burial	, or removal, Winds	Date there	9/26/47 (month) (day) (year)	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	Date of	(State)
		rick,	Maryland	Injured at home, farm, industry, public place (		
18. Funeral director	7// 10		son and Son	Means of injury	injured at work?	
Address Frederick, Maryland				23. SIGNATURE My SARA	& Barrer	1 M. D
19. 26 Mest 19.47 Elizabeth & Hech Registrar				23. SIGNATURE ALLES AND Address Frederick, Mar	M. D. o	

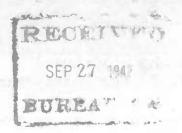
ly every item of information carefully. The owrite the causes of death clearly and legibly FOR BINDING ADING INK. Supply Physicians: please wr MARGIN RESERVED

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise especially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Reg. Diat. No. 139

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town. State Sana torium, Md.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Since 11/22/44	state Maryland county Worcester  City or town Pocomoke City  (If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:  Maryland Tuberculosis Sana torium  How long in hospilal or institution? Since 11/22/44	Street No. 907 Second Ste (If rurn), give LOCATION)  2.(a) If veleran, name war.
3.(a) FULL NAME Mattie Devereaux	3. (b) Social Security Number 213-22-5021
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widow	20. DATE OF DEATH September 27 19 47 at 10:30P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above atated; that I attended deceased from November 22 19 44 to Sept. 27 19 47 and that I last saw her alive on September 27 18 47
8. AGE: Yeara   Months   Days   If less than one day   72   5   14  hramin.	Pulmonary Tuberculosis 46 Mos
S. Birthplace Virginia  10. Usual occupation Seamstress  11. Industry or business  E 12. Name Johannas F. Byrd  13. Birthplace Virginia	Due to
14. Malden name Mary Martin 15. Birthplace Virginia 16. Informant Deceased Addresa	(Include pregnancy within 3 months of death)  Major findings of operations
11. Sure de la cremation, or removal. Which?)  Cemetery or crematory. Mattheway (month) (day) (year)  Location. M. L. Creager & Son  Address Thurmont, Maryland	22. VIOLENCE: If death was due to external cauaea, fill in the following;  Accident, suicide, or homicide
19. Sept. 29 19 47 William Registrar	Address State Sanatorium, Md. Date signed 9/29/47

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

	Nog. Ditt. 1707
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give resignee of mother)
County Sussession	State Many Cand County Euroli
(If outside city or town limits, write RURAL and give nearest town)	(If outside city or town limits, write RPRAL and give nearest town)
How long in above place of death?	
Thederich Memorial Frospeles	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4) Miam a. Ebber	2
4. Sex 5. Color or race 6.(a) Singly mazzied, undured, or divorced	MEDICAL CERTIFICATION
Wall While Sungle	20. DATE OF DEATH Sept. 2 1547 at 12:20
6.(b) Name of husband or wife	as a common many to
	19 19 19 19 19 19 19 19 19 19 19 19 19 1
7. Birth date of deceased (mo., duy, yr.) 1902	and that I last saw him last sa
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION DURATION
45mi	
County mid	Due to
9. Birthplace (Town, county, and state)	
10. Usual occupation Mechanic	Due to
11. Industry or business age to	
12. Name Ulliam Column 13. Birthplace Tuany Column	··· Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Europe P. Wartin	Major findings of operations.
9 15. Birthplace Manyland	
16. Informant Collian 1. Ebbet	Autopsy results
Address Westermenter Med. B. W.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Date thereon Sefet 4-194	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cre tion, or removal, Which;) . (dee) (year)	Accident, suicide, or homicide
Cemetery or crematory MC Ollin Charles	Where did Injury occur?
Location Clercon Bridge, Ma	Injured at home, farm, Industry, public place (where?)
18. Funegal director Al, Al. Haltacet forus	Means of injury Injured at work?
beguerou Bredge & Their Erlindson Mi	d Holling Par In IV.
Sept 3 17 Clar Dar le Handa	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	ar Midgas Thomas Dudle Date signed W

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

- Diet No 131

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)
City or Jama (If outside city or town limits, write RURAL and give nearest town)	State ma County Frederick
How long in above place of death?  Hospital, Institution, or street address where death occurred:  Lied. Meusical Hospital  How long in hospital or institution?  2 5 days	(If outside city or town limits, write RURAL and give nearest town)  Street No
3. (a) FULL NAME	3. (b) Social Security Number
4. See 5. Color or race 6.(a) Stagle, married, widowed, or divorced	MEDICAL CERTIFICATION
m w married	20. DATE OF DEATH 10 lepterules 1947 21 2 PM
8.(6) Name of bushess or wife Marry C. Haires  5.(c) If alive, give age 4. 8. years  7. Birth date of deceased (mo., day, yr.)   8. A.G.F. Years   Months   Days   It less than one day	21. I CERTIFY that death occurred do the date above stated; that I attempted deceased from  1 May  19. 4.7. to 10 Sept. 19. 4.7.  and that I last saw h Amalive on 10 Sept. 19. 4.7.  Immediate cause of death. DURATION
8. AGE: Years Months Days It less than one day  7 /2	Seneralized peritorities 2 who
9. Birthplace Unionville Full to, md. (Town, eounty, and state)  10. Usual occupation Foreman Road work.	Ove to Perforated paptic rulces 2 why
11. Industry or business	Due to
12. Name David W. Ecker 13. Birthplace Fred. Co.	Other conditions Cononary artery disease 5 years
E 14. Maiden name Elizabeth West	(Include pregnancy within 3 months of death)  Major fiediogs of operations
2 15. Birthplace Jud. Ro.	
18. Informant Mrs mary Ecker	Actopsy results
Address Trederick Roule  17. Burial Date thereof Sept 13 1947  (Burial, commission or compart, Willell?)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cametery or exemptory Union Cleapel	Where did injury occur?
Location Ma Leberly town	Injured at home, farm, Industry, public place (where?)
18. Funeral director. G. C. Bleston	Means of Injury Injured at work?
Address Walkersville, md.	23. SIGNATURE James ?. Honer J. M.D. or other
19 (2 Sept 194) Elizabett J. tteck	Address Walkerville Date signed 12 Sep 47



# MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

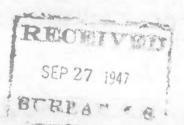
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9-45-15M

A15 20 Reg. Dist. No...

1. PLACE OF DEATH:  County	2. USUAŁ RESIDENCE (HOME) OF DECEASED:  (For rewborn infants give residence of mother)  State
The state of the s	Elsworth 3. (b) Social Security Number
1. Sex 5. Color or pace 6. (a) Single married, widowed, or bivorced Single	MEDICAL CERTIFICATION  2D. DATE OF DEATH Sept. 26 19 47 10:05
6.(b) Namo of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day Brishers	Immediate cause of death DURATION
9. Birthplace Thesench Many Curul (Town, county, and state)	Duo to Primaturity
11. Industry or business  12. Name	Other conditions.
13. Birthplace  14. Maiden name Christiery III. Bustimum.  15. Birthplace  Mary land	Major findings of operations
16. Informant Thomas Val Clerond	Autopsy results
Address  17. (Burial, ecomolor, or removal, Which?)  Date thereof. (month) (day) (year)  Cometery or cremotory. (Marpleston)	22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location M. Clary, Fried. Co. Mary Cural  18. Funeral director.  S. M. Walf 3	Injured at home, farm, Industry, public place (where?)  Mesns of Injury  Injured at work?
Address  19. 24 Sept. 19. 4) Elizabeth Theela.  Registra	23. SIDNATURE Practing Grabel M. D. or other  M. Address Date signed 9/26/4



9-45-15M

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07988

# CERTIFICATE OF DEATH

DENCE (HOME) OF DECEASED:		
and County Washington		
gerstown		
City or Lagerstown (If outside city or town limits, write RURAL and give nearest town)		
(If rural, give LOCATION) World War II		
te war		
3. (b) Social Security Number		
217-10-2722		
MEDICAL CERTIFICATION		
September 28th 19 47 al2:45A		
eath occurred on the date above stated; that I attended deceased from		
19		
im DEAD September 28, 10 47		
death Frallie 2 Marie DURATION		
7 leg. becention		
onlys! Should hay		
The Control of the Co		
clude pregnancy within 8 months of death)		
perations		
Date of op.		
e underline the cause to which death should be charged statistically.		
death was due to external causes, fill in the following: homicide accant Date of 7.28, 47		
homicide		
CUI? (City or town) (County) (State)		
m, Industry, public place (where?)		
Deputy Medical		
P.w Ban Examiner		
M. D. or other		



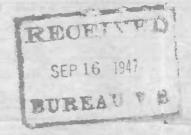
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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFIC	ATE OF DEATH Rog. Dist. No. 13 44
County County (If outside city or town limits, write RURAL and give nearest town)  Now long in above place of death?  Nospital, institution, or street address where death accurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If utside city or town limits, write RURAL and give nearest towns  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3.(a) FULL NAME Russell D. Le	3, (b) Social Security Number 7806
8, (b) Name of husband or wite	MEDICAL CERTIFICATION  20. DATE OF DEATH. 9 9 1947 at
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days it less than one day hrs.  9. Birthplace (Fown, county, and state)	and that I last saw h. //7. Nive on 19
10. Usual occupation	Due to
12. Name	(Include pregnancy within 3 months of death)  Major findings of operations.
Address Satellas Policy 13.19	Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal Which?)  Cemetery or cremation  Location  (Burial, cremation, or removal Which?)  (month) (day) (year)	Accident, suicide, or homicide
18. Funeral director  Address  19. Context of the registrary	Means of Injury  Injured at work?  DR. R. W. BAER  23. SIGNATURE  Address — Ledeuse 1 (d. Date signed 9'9', 9', 9')



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF I	DEATH: derick			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of the control o	F DECEASED:	
County Fr	ederick-R	ural R	F. D. #1	State Maryland County Frederick		
City or town	If outside city or town I	imits, write RU	JRAL and give nearest town)	City or town Frederick-Ru		#1
	ace of death? 5 y			Street No. Near Pearl	, write RURAL and give nea	rest town)
Near P				(If rural, give	LOCATION)	•••••
How long in hospita	or Institution?		·····································	2.(a) If veteran, name war. None		
3. (a) FULL NA	ME				3. (b) Social Security	Number ,
	WILLI	AM THO	MAS FOGLE		None	
4. Sex	5. Color or race	8.(a)Single,	married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
M	W		M	20, DATE DF DEATH September	er 18, 19 47	3:30A
0 (L) Name of bushs	and or wite Ali	ce Bid	dinger	21. I CERTIFY that death occurred on the date abo		
O.(O) Name of nusua	ind of witc	e (a)	14 alles sins as 55	July 12 195	+7 10 dat	29/18/4
01 mit 211 mm to a 4	March	2, 18	77	and that t last saw hammalive on	6t 18	
deceased (mo., da	ears   Months	Days	If less than one day	Immediais cause of death	Strontons	DURATION
	0 6	16	hrsmin.			
M	ount Plea	sant-F	rederick-Maryl	and.	***************************************	***************************************
9. Birthplace	(Town	eounty, and at				
10. Usual occupation	Farm Lal	oorer		Due to		, %
11. Industry or busi						
12. Name	ames Edwa	rd Fog	le	Dther conditions	•••••	
			ty Maryland	(Include pregnancy within 3 n	nonths of death)	
14. Malden nat	me Mary Fl	autt		Major findings of operations		
15. Birthplace	Frederic	k Coun	ty Maryland	major suggested of operations		
16. Informant	Mrs. Alic	e Fogl	ty Maryland	Aotopsy results		
Address R.	F. D. #1	Fred	erick, Marylan	PHYStCIAN: Please underline the caose to wh		statistically.
Bunt	0.3		9/20/47 (month) (day) (year)	22. VIOLENCE: If death was due to external cau		
(Burial, cremat	ion, or removal. Which?			Accident, suicide, or homicide		
Cemetery or crem	natory rederi	CK Mem	orial Park	Where did injury occur?(City or town)	(County)	(State)
Location	Frederi	ck, Ma	ryland	Injured at home, farm, industry, public place (wi		
18. Funeral directo	M D T		n and Son	Means of Injury	tnjured at work?	
Address	Frederi	ck, Ma	ryland	U.G. Bon	me SV.	M. D.
1950	pt 1841	Turi	X Talen	23. SIGNATURE	M. D.	or other
19. Date rec'd by	(Pegistrar)	enge	Registrar	Address Frederick, Mar	yland Date signed.	9-19-47



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07991

# CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
County Frederick			
City or town State Sana tori um Maryland (If outside city or town limits, write RORAL and give nearest town)	state Maryland county Anne Arundel		
How long in above place of death? Since 8/6/47	City or town Annapolis (If outside city or town limits, write RURAL and give nearest town)		
Nospital, Institution, or street address where death occurred:	Street No. 24 Market Space		
Rospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium	(If rural, give LOCATION)		
How long in hospital or institution? Since 8/6/47	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Harry Ford	5. (b) Social Security Number		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Single			
Maro   miros   Dingle	20. DATE OF DEATH September 29 18 47 at 7:30 Am		
6.(ò) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
S (a) If all us wing a sea	August 6 19 47 to Sept. 29 19 47		
7. Birth date of deceased (mo., day, yr.) 9/15/1899	and that least saw h im alive on September 29 18 47		
	Immediate cause of death		
6. AUL.	Pulmonary Tuberculosis 4 Mos.		
9. Birthplace Herring Bay, Md. (Town, county, and atate)	Due to		
(Town, county, and atate)			
1D. Usual occupation Bartender	Due to.		
11, industry or business			
買 12 Name John Ford	Dther conditions.		
John Ford  12. Name John Ford  13. Birtholace Anne Arundel Co. Md.			
	(Include pregnancy within 3 months of death)		
14. Malden name Maggie Rogers 15. Birthplace Anne Arundel Co., Md.	Major findiogs of operations		
15. Birthplace Anne Arundel Co. Md.	Date of op.		
16. Interment Deceased	Apposy results		
10, Intument	PHYSICIAN: Please onderline the caose to which death should he charged statistically.		
Address	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial Commission or removal Which?)  Cemetery or crematory of Marketta	Accident, suicide, or homicide		
(Burial, cremation, or removal. Which?) (month) (day) (year)			
	Where did Injury occur?		
Location Peale, Mrd.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director J. Q. Hardesty & Son	Means of trijury trijured at work?		
	2/8		
Address Galesvelle, Mrd. 1 14	23 SIGNATURE of Co. Nalles		
18 Sept. 29 19 47 LW Myw	M. D.		
(Date rec'd by registrar)  Registrar	Address State Sana torium, Md .Date signed 9/29/47		



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

TH (7992 (8 Peg. Diat. No. 139

1. PLACE QF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)		
County	Frederi.d	<u>د</u>	o	State Maryand Coun		
City or town	outside city or town	State	Sanatorium, URAL and give nearest town) 9/47	Roltimore		
How long in above place	Sin Sin	nce 5/1	9/47	City or town	write RURAL and give ner	reat town)
Hospital, institution, or	r etreet addrese where	death occurre	l:			
Maryland	Tubercul	osis Sa	natorium	Street No. 2322 E. Nort		
			***************************************	2.(a) If veteran, name war		
3. (a) FULL NAM	E				3. (b) Social Security	Number
	Anna Fr	ances G	los			
4. Sex	5. Color or race	6.(a)Singl	los e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
female	white	sep	arated	20. DATE OF DEATH September 5,	19 47	4:55 p
				21. I CERTIFY that death occurred on the date above		
7 Oldb date of		8.(	e) If alive, give ageyeare	and that I last eaw h.eralive onSetr		
deceased (mo., day,	yr.) Oct. 2	. 1920				
8. AGE: Year		Bays	If lese than one day	Immediate cause of death		70
26	11	3	hrs min.	Pullionary Idoercult	0818	, , o mose
9. BirthplaceE	Ltimore.	Md.	atate)	Due to		***************************************
					•••••	
10. Usual occupation	nouse	wile	••••••	Bue to	***************************************	* *************************************
11. Industry or busines					***************************************	
質 12. Name Fi	rank Slifk	er		Other conditions	***************************************	
13 Rictholace	Baltimo re	, Maryl	and			
	Anna Ra	der		(Include pregnancy within 8 m	onths of death)	
14. Maiden name 15. Birthplace				Major findings of operations	***************************************	***************************************
15. Birthplace	Baltim	ore, Ma	ryland			
	aceased			Autopsy results		
16, Intermant	*. M. M. M. M. M			PHYSICIAN: Please anderline the cause to whi		statisticsly.
Address			0	22. VIOLENCE: If death was due to external cause	ee. fill in the following:	
11 Buria	L n, or removat. Which	Date ther	eof Sept. 12, 1947 month) (day) (year)	Accident, euicide, or homicide		
(Burial, cremation	n, or removal. Which	?)	month) (day) (year)			
Cemetery or cremat	ory ME Ca	rmel		Where did injury occur?(City or town)	(County)	(State)
Location (3)	altimor	a, m	۷.	Injured at home, farm, Industry, public place (who	ere?)	
	M T.	Creeres	and Son	Meane of Injury	injured at work?	
18. Funeral director	Thurm	ont. Ma	rvlani	7 / 1		
Address	2000 10		011	23. SIGNATURE R. W. Bacer	a,	
19. 9/6	1947		TO My		M. D.	0/6/17
(Date rec'd by re	egistrar)	*****	Registrar	Address State Sanatoriu	III . Date signed.	7/0/4/



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

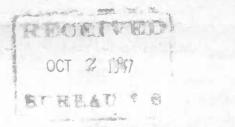
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07993

# CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE O	of DEATH	l:			2. USUAL RESIDENCE (HOME)	OF DECEASED:	
County		erick		***************************************	State Maryland C	ounty Frederick	ζ
Hospital, Instit	(If outsi	de city or town lealh?et address where	death occurred		Frederick-Ru	Iral R. F. D.	#4
How long in ho	leric	k Memor Sind	e Sep	ospital tember 23, 1947		ve LOCATION)	
3. (a) FULL				NE HARGETT		3. (b) Social Security None	Number
4. Sex	5.	Color or race	6.(a)6mgh	, married, widewed, or divorced	MEDICAL O	CERTIFICATION	
F		W		M	2D, DATE OF DEATH	-29 1947	18 A
- 193 13		Clav	de Ha	rgett	21. I CEPTAEY that death occurred on the date a	bove stated; that I allended dece	ased from
6.(b) Hame of	puspand of w				Dupt 23	47 10 Sul	1291947
7. Birth date o	f	Marraws	5.(6	e) If alive, give age 64 years	and that I last saw here alive on	4-5-28	1947
deceased (m	10., day, yr.)	Movettr	Ler Ta	LOO4	Immodition cause of seath		DURATION
8. AGE:	Years 62	Months 10	Days 28	hrs. min.	Carelia Ru	monkage	4 May
9. Birthplace.	Jeff		, county, and a	ick-Maryland	Oue to Sentino & Clar	aus auss	
1D. Usual occ	upation	AO HOI			Due to		***************************************
11. Industry of		er D. I	)o+ ==		N/2	20.2	50 24
12. Hame 13. Birthp	AUII			***************************************	Other conditions		25/
≦ 13. Birthp	lace VV.	isconsi			(Include pregnancy within	3 months of death)	.,
至 14. Maide	n name	Emily F	orter'		Major findings of operations		
E 15. Birthe	lace F:	rederi	ck Cour	nty Maryland			
16. Informant	Cla	aude Ha	rgett	***************************************	Autopsy results		
				derick, Md.	PHYSICIAN: Please underline the cause to		statistically.
	ial	- 11			22. VIOLENCE: If death was due to external o		
		removai, Which		10/1/47 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or	erematory			et Cemetery	Where did injury occur?(City or town	(County)	(State)
Location		Frede	erick,	Maryland	Injured at home, farm, Industry, public place	(where?)	***************************************
18. Funeral d		M. R.	Etch	ison and Son	Means of Injury	Injured at work?	
	irector		erick.	Maryland	1 x 7	15	M D
Address	1. /		A 1	A A A	23. SIGHATURE	/ M.D.	or other
19. 29-	rept	19.4)	<u> </u>	izabeth J. Hech	Address Fif finda	7400	9/24/4:



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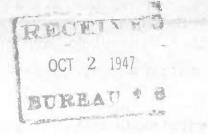
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

				11			
1. PLACE OF	DEATH: lerick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Ad				State Maryland Co	Frederick		
		limits, write R	URAL and give nearest town)	Adamstown			
How long in above p	lace of death?	I'e	***************************************	(If outside city or town limits, write RURAL and give nearest town)  Street No.			
Hospital, Institution	, or street address where	death occurred	:				
			•,•••••••	(If rural, give LOCATION) World War II			
	al or institution?		······································	2.(a) It veteran, name war.			
3. (a) FULL NA	ME				3. (b) Social Security		
•			E HARWOOD		217-07-14	26	
4. Sex	5. Color or race		e, <del>practice, widewed, or disorand-</del>	MEDICAL C	CERTIFICATION		
M	W	5	5	20. DATE OF DEATH Septem	ber 28, 19 47	7:30A	
0 (h) V al bb	and or wite			21. I CER7tFY that death occurred on the date at	bove stated; that I attended dec	eased from	
					r , To		
7. Birth date of	Tuna	7, 190	c) It alive, give ageyears	and that I last saw h im DEAD			
deceased (mo., d	-31 3117	Days	if less than one day	Immediais cause of death.	yxiation	. DURATION	
8. AGE: Y	ears Months 3	21		1 2 3		-	
			hrs min.	7 3 00	γ	2	
9. Birthplace AC			ck-Maryland	Oue to.			
	Lahor	ounty, and	itate)				
10. Usual occupati	on			Oue to			
11. industry or bus	linton B.	U - was	a d			***************************************	
- 12. Name				Other conditions			
-			nty Maryland	(Include pregnancy within 8	months of death)		
当 14. Maiden na	me Dollie	Moore					
<b>⊢</b>			st Virginia	Major findings of operations.			
	Mrs. Doll			Antopsy results	bate vi vp	190000000000000000000000000000000000000	
	Adamstown			PHYSICIAN: Please underline the cause to	which death should be charged	statistically.	
Mudicas				22, VIOLENCE: If death was due to external ca	auses, till in the tollowing;		
17 Buria	1	Date there	eof 9/30/47 (month) (day) (year)	Accident, suicide, or homicide. A.C.	ling note of 9	.29 . 4 7	
(Buriai, crema	Mount	Olive	t Cemetery	Where did interv occur? adam 6	in Freduces	red.	
Cemetery or case				(City or town)	(County)	(State)	
Location			Maryland	Injured at home, farm, Industry, public place ( Msans of Injury 3 Hataes 8	where	Vo	
18. Funeral directo	M. R.	Etchi	son and Son	Msans of Injury	Deputy M		
Address	Frede	rick.	Maryland	P.W.Ba	Examiner		
900	+	0.6		23. SIGNATURE	***********************************	or other	
19. 27 50	19.4)		rabeth J. Heck.	Frederick, Man	ryland Date sloned	9-29-47	



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# MARYLAND STATE DEPARTMENT OF HEALTH

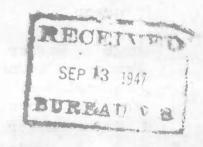
2411 N. Charles St., Baltimore 940

07995

# CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF D	EATH:			2. USUAL RESIDENCE (HOME	OF DECEASED:		
County Fred	erick derick-Ru	mal D	E D #4		County Frederick		
only or towns	f outside city or town	limits, write RI	JRAL and give nearest town)	Frederick-R	rel R. F. D. #4		
How long in above pla	ce of death? Li 1	<b>.</b> 6	***************************************	Frederick-Rural R. F. D. #4  (If outside city or town limits, write RURAL and give nearest town)			
nuspital, institution,	or street address where hurch Hil	e dealli orralica.		Street No. Near Church Hill			
Negr C	nurch al.	<u> </u>	***************************************	None	give LOCATION)		
	or Institution?	***************************************	······································	2.(a) It veteran, name war.			
3. (a) FULL NA					3. (b) Social Security Number		
	EDWARI		P JOSHUA HAWK	ER	None		
4. Sex	5. Color or race	6.(a)Sip <del>gio</del>	married, widowed, or divorced	MEDICAL	CERTIFICATION		
M	W		W	20, DATE OF DEATH Septer	mber 8th 19 47 at 6:45 E		
6.(b) Name of husban	Dora	Susan	Whipp	21. I CERPIFY that death occurred on the date	above stated; that I attended deceased from		
		0 /-	) If alive, give ageyear		19.44 7 to 19.44		
7. Birth date of	Tramo	15, 18		and that I last saw h	Darrof 19		
8. AGE: Ye	y, yr.) OUIIO	Days	It less than one day	Immediais cause ul death	DURATION		
o. na.	8 2	23	*	appainty (	armany 5 mc		
			hrs. min	- Ce ceusi	n l		
9. Birthplace Ch	urch Hill	-Frede	rick-Maryland	Due to			
	Farmer	i, county, and si	(ace)	Musse	mes		
10. Usual occupation	n			Due to			
11. Industry or busin		II a mala a m					
TE   I'm Wellie	eorge W.		***************************************	Other conditions			
		ek Coun	ty Maryland	(Include pregnancy withle	n 8 months of death)		
14. Maiden nam 15. Birthplace	Catheri	ne Zir	merman	Major findings of operations			
M 15. Birthplace	Frederic	ck Coun	ity Maryland		Date of op.		
	G. Edger	Hawker		Autopey results			
10. Thiormant			rick, Md.	PHYSICIAN: Please underline the cause to	o which death should be charged statistically.		
				22. VIOLENCE: it death was due to external	1 causes, till in the following;		
17 Buri	al	Date there	9/11/47 (month) (day) (year)	Accident, suicide, or homicide			
Complete Commen	Reform	ned Cen	etery	Where did Injury occur?(City or tow			
			ick, Md. R.D.				
					injured ab work?		
1B. Funeral director	M. R. I	stchisc	n and Son	Means of injury	Injures aywork?		
Address	Frederi	ck, Ma	ryland	(8)(1	True M. D.		
100.	+	CD	. D. Do ly Hoch	23. SIGNATURE	M. D. or other		
19. (Date rec'd hy	registrar)		havelle J. Medica	Jefferson, Ma	aryland Date signed 9-10-47		
(Deep rec a Dy)	M						



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

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(1			21			
	R	her.	Diat.	No.	140	

	Reg. Diec. No.	
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	
3. (a) FULL NAME	3. (b) Social Security No	amber
alta Maude Norine	none	
4. Sex female white widow	MEDICAL CERTIFICATION  20. DATE OF DEATH	
6.(6) Name of husband or wife	april 1947 to Sept 1	2 1947
7. Birth date of A 1 7 1 7 7 //	and that I last vaw her alive on Sept 10	19 4. 7
deceased (mo., day, yr.) Oct. 7, 1874  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	DURATION
72 10 25nrsmin.	Carcinoma Stonach	5
9. Birthplace Mysselle Bulerck Co. Myd. (Town, county, and state)	Due to	
10. Usuat occupation	Due to	
11. Industry or business    12. Name	Other conditions	
14. Maiden name Manzella Shank		
14. Maiden name Manzella Shank  15. Birthplace Myereville, Md.	Major fiedings of operations	
no I may Shanks	Autopsy results.	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged at	atistically.
Address  17 Durand Date thereof (menth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
Cemetery or crematory Lutheran Cemetery	Where did Injury occur?	(State)
In many of the	Injured at home, farmy Industry, public place (where?)	
Location	Means of injury Injured at work?	
18. Funeral director Address Middletary Ma.  19. Sept. 5. 1947 Silgar Silfin Registrar  (Date red by registrar)	23. SIGNATURE & Harb MW M. D. or Address Meddle for Date signed T.	

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and RESERVED MARGIN

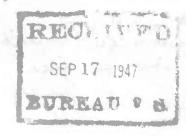
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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

# (17997 Reg. Dist. No. 144

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: Frederick  County				2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  State  Mountaindale - rural			
(If or	Ti	feti.	URAL and give nearest town)	City or town	ountaindal	e - rural s, write RURAL and give nea	
How long in above place Hospital, institution, or	or geath f					s, write KUKAL and give nea	rest town)
nooptally institution, or				Street No		LOCATION)	
How long in hospital or	Institution?			2.(a) If veteran, name	(If rural, give NO	***************************************	
3. (a) FULL NAME				3. (b) Social Security Number			Vamber
J. (a) I OLL MAINL		Hale	n Grace Kaufma				Namber .
4.8	5. Color or race		e, married, widowed, or divorced			None.	
4. Sex						ERTIFICATION	m 0 mon
Female	White		arried	20. DATE OF DEATH	September	r 29, <sub>19</sub> I94	7 2:30P
- 43.00	Willi	am E.	Kaufman			ove stated; that I attended doces	
			c) if alive, give age 62 year			47, 10 SEptember	
7. Birth dale of deceased (mo., day, y	.) August	25.	I888.	The state of the s	Sa alive on S. 2		
8. AGE: Yeare		Days	tt lese than one day	Immediate cause of	death	4:	DURATION
59	T	4	hrsmlr	CANNI.	nu nig	S. S	
	-		derick Co, Md.		······································		
9. Birthplace	(Town, c	ounty, and	itate)	. Due 10	***************************************		
fD. Veual occupation	House	sewif			***************************************		
	77			Due fo			***************************************
1f. Industry or buelness	Frank	Harne	<u> </u>	-	Lingellan	ACLL	
12. Name			***************************************	Dther conditions.	777 00 30001		
≦ f3. Birthplace	Wolfsv			(Inc	tude pregnancy within 8 i	months of death)	
# 14. Maiden name	Lavini	а но.	Lt.		erations non		
14. Maiden name	Lewist	own,	Md.	Misjor Engings at ap-			
17	Villiam E	. Kai	fman	Autopsy results	- 1	batc of op.	
IO. Interment		***************************************		PHYSICIAN: Please	underline the cause to w	hich death should be charged	statistically.
	Frederick				eath was due lo external cau		
n Buria	or removal. Which?)	Date ther	october 2, I	Accident suicide or		Date of	
	Lewis						
Cemetery or crematory. Lewistown Cometery						(County)	(State)
Lewistown, Md.				. Injured at home, farm	, todustry, public place (w	here?)	
69 Eunoral disactor	M. L.	Creas	ger & Son	Meens of Injury		Injured at work?	
Address	Thurmo	nt,	Md.	23. SIGNATURE	H. Frank	li Birsh	Eller
19 Oct 2	947 19.	Be	lauche & Eyler	Address / M.D. or other			



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### MARYLAND STATE DEPARTMENT OF HEALTH

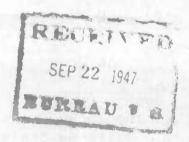
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

07998

Reg. Dist. No. 131

1. PLACE OF	DEATH: lerick		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. Maryland County Frederick			
City of to-	rederick					
oity of <del>audi</del>	(If outside city or town	limits, write RURAL and give nearest town)  5 years	City or term Frederick			
How long in above p	lace of death?	o years	(If outside city or town limits, write RURAL and give			
	st Second		Street No. 103 East Second Street			
***************************************		, , , , , , , , , , , , , , , , , , ,	2.(a) If veteran, name war. None			
	al or Institution?		2.(a) it veterall, name wat			
3. (a) FULL NA		IRGINIA KEISER	3. (b) Social Securi	3. (b) Social Security Number None		
4. Sex	5. Color or race	6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION			
F	W	W	20. DATE OF DEATH September 18, 19 4	7 .10:10A		
6.(b) Name of husb	and or mit Char	les W. Keiser	21. I CERTIFY that death occurred on the date above stated; that I attended d September 3d, 19, 47, to Sept.	eceased from		
7. Birth date of	To 2 am		years and that I last saw her alive on September 18th	19.47		
deceased (mo., d	(ears   Months	Days   If less than one day	Immediate cause of death	DURATION		
o. AGE.	78 2	14hrs.	Cerebral Accident	9/15/47		
9. Sirtholace Ro	cky Sprin	g-Frederick-Maryla	nd Due to			
	At Ho	, county, and state)	Cardiovascular condition	long		
10. Usual occupati	ionAC IIO	mo	Due to	period		
11. Industry or bus	stness			of year		
≝ 12. Name	eorge Mea	sel	Dther conditions			
		k County Maryland				
<b>E</b>	Juliann	e Stalev	(Include pregnancy within 3 months of death)			
H 14. Malden na	Prederi	e Staley k County Maryland a C. Keiser	Major findings of operations			
≥ 15. Birthplace	TIGGGITG	A Country Mary Land	Oate of op			
16. InformantM	iss Thers	a C. Keiser	Autopsy results			
		t., Frederick, Md.	PHYSICIAN: Please noderline the cause to which death should be charge	red statistically.		
Buni	ol		22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, crome	. 러. 그 tion, or removal: Which	0ate thereof 9/20/47 (month) (day) (year)	Accident, suicide, or homicide	***************************************		
		Olivet Cemetery	Where did injury occur?	(State)		
Location	Freder	ick, Maryland	Injured at home, farm, Industry, public place (where?)			
M. R. Etchison and Son			Msans of Injury Injured at work?			
Address		ick, Maryland	(At Couley)	M. D.		
				D, urwithern		
19. (Date 700'd)	pt 19.4)	Elizabeth y. Hell		ed 9-19-47		



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# 07999

# CERTIFICATE OF DEATH

	I. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) It veteran, name war.
	3. (a) FULL NAME Lovetta C. Kepler	3. (b) Social Security Number
	4. Sex  Sex  Sex  Servate  Ser	MEDICAL CERTIFICATION  2D. DATE DF DEATH. See Declared in the date above stated; that I attended deceased from  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.4.7.  and that I last saw held alive on See Declared in the date of death.  DURATION  DURATION  Due fo
	10. Usual occupation. Description.  11. Industry or business  12. Name. Milliam & Grifton.  13. Birthplace Gurkettevelle M.  14. Maiden name. Lawran Bearbley.  15. Birthplace Burkettsville, M.  16. Informant. Earl M. Nepley.	Dither conditions  (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.  Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
	Address Middlelown  17. Sutice  18. Funeral director Maddress Middletown  Address Midd	22. VIOLENCE: If death was due to external causes, till in the following;  Accident, suicide, or homicide.  Where did injury occur?  (City or town)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?
I	(Date rec'of by registrar) (Date rec'of by registrar)	Address Malleton Date signed 9-13-4;



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

# CERTIFICATE OF DEATH

0809031

How long in above place Hospital, institution, or	Free Buck Street address where of institution?	years	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. Maryland County Frederick  CHy or town Buckeys town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION) None  3. (b) Social Security Number		
4. Sex	5. Color or race		e, married, widowed, or divorced	None  MEDICAL CERTIFICATION		
Female	White		ingle	2D. DATE OF DEATH September 13 19 47 at 8:30p.m		
	***************************************		e) it elive, give ageyea	21. I CERTIFY that death occurred on the date above stated; that I grended deceased from		
8. AGE: Years		Days	If less than one day	Hypostale Francis 2 days		
94	Baltimore	20	land	La Carrie mare and its		
1D. Usual occupation  11. Industry or busines  12. Name	Houseko William Kr Germany	eeper	itate)	Due to  Diher conditions		
14. Maiden name.	Mary Mar Germany	verr.		Major findings of operations.		
18. Informant Mis	s Ella Kri keystown, 1			Autopsy results		
17. Burial Barial Date thereof Sept. 16-17 (month) (day) (year)  Cemetery or commentery Mount Olivet Cemetery				22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Frederick, Maryland						
18. Funeral director				Means of injury injured of work?		
Address Frederick, Maryland  19. 15 Sept. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19				23. SIGNATURE W. M. D. or other  Address F. M. D. or other  Date signed 7-1.5-4.7.		

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

# CERTIFICATE OF DEATH

h	C/				
9	Dan	Dist	No	1	39

1. PLACE OF DEATH:  County Frederick  City or town State Sanatorium, Maryland  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Since 7/9/47  Hospital, institution, or street address where death occurred:  Maryland Tuberculosis Sanatorium  How long in hospital or institution? Since 7/9/47	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland Coucly  City or town Baltimore (If outside city or town limits, write RURAL and give neerest town)  Street No. 2825 O'Donnell St.  (If rural, give LOCATION)  2.(a) if veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Frank Kuchta	-		
4. Sex   5. Color or race   S.(a)Single, married, widowed, or divorced   Separated	MEDICAL CERTIFICATION  20. DATE DF DEATH September 24 19 47 of 7:20 P		
6.(c) Name of husband or wifo	21. I CERTIFY that death occurred on the date above stated: that I aftended deceased from July 9  19. 47, to Sept. 24  19. 47  and that I last saw h. im alive on September 24  19. 47		
8. AGE: Years Months Days It less than one day 48 1 4hrsmin.	Pulmonary Tuberculosis 20 Mos		
9. Birthpiace Baltimore, Maryland (Town, county, and state)  10. Usual occupation Lithographer  11. industry or business  12. Name John Kuchta  13. Sirthpiace Poland	Due to		
14. Maiden name Augusta Kecel 15. Birthplace Germany 18. Informant Walter Kuchta (Brother)	(Include pregnancy within 3 months of death)  Major findings of operations		
Address 2806 Dillon St., Balto, Md.  17. Burnal (Burial, cremation, or removal. Which)  Cemetery or crematory  Location  18. Funeral director. Mane 5. Juanousky  Address 1000 S. Williams S. Juanousky  Scort 25	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
19. Sept. 25 19. 47. U. Registrar Registrar	Address State Sanatorium, Md. Date signed 9/25/47		

WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore

#8002

### CERTIFICATE OF DEATH

er. Dist. No. 13

	Reg. Dist. No.
1. PLACE OF DEATH:  County  City or town.  (If ontside city or town limits, write RURAL and give nearest town)  How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infents give residence of mother)  State
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Florabetto Prebecca	Henliast - 3. (b) Social Security Number
4. Say 5. Color or race 6.(a) Single, marriett, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. LAST 27 19 47 16 A . M
8.(6) Name of husband or wite Henry S Fuchast  S.(c) If alive, give age years	21. I CERTIFY the death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days   If less than one day	Immediate cause of death Ouragion Ouragion
1867 80 5- 16	Day Day Carl Maria
9. Birthplace (Town, county, and state)  10. Usual occupation Advised Towns	Due to Cordinate of the
11. Industry or business & L	Due to
12. Name Base January Care Sug	Other conditions of sulval services
	(Include pregnancy within 8 months of death)
14. Malden naffie Constantial Life Colombing  15. Birthplace  7001	Major findings of operations.
2 15. Birthplace	Date of op
Address adams from mal	Antopsy results
17	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or cremetery Transfer Cafe Careling	Where did injury occur? (City or town) (Connty) (State)
Location Carthurs Burg Digit	Injured at home, farm, industry, public place (where?)
18. Funeral director.	Means of Injury Injured at work?
Address garthurlousy med.	23. SIGNATURE CONTROLLEY
19, 21 — Lest 19.4 Chalette J. Heck Registrar	Address Delevels all Date signed 9/27 47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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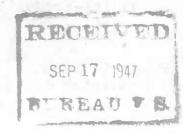
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Diet. No. 131

1. PLACE OF DEATH: Frederick Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland Frederick  City or town Frederick  (If outside city or town limits, write RURAL and give nearest town)  Street No. 231 Phobus Avonuo		
	write RURAL and give nearest town)			
How long in hospital or institution Since S	September 14, 1947	(If rural, give LOCATION) NONO  2.(a) If veteran, name war		
3. (a) FULL NAME LOWE HAT		3. (b) Social Sec	urity Number	
M C	(a)Single, married, <del>widowed, or divorced</del>	MEDICAL CERTIFICATION 20. DATE OF DEATH 15 September 19.	47 31 8: 45	
6.(b) Name of husband or wife Madelin	ne Boyd	21. I CERTIFY that death occurred on the date above stated; that I attende		
7. Birth date of deceased (mo., day, yr.) January	6.(c) If allve, give ageyears	and that i last saw h Land after on 15 Sept.	19.47	
	Days It less than one day  5hrsmin.	Immediate ; ause of death  The Cranish Remarkage	12 hrs.	
	ederick-Maryland	Due to.		
11. Industry or business    12. Name Franklin Lower   12. Name Franklin Franklin Lower   13. Birthplace   Fraderick (	County Maryland	Dither conditions Passible intratheras:  (include pregnancy within 3 months of death)	e 12tu	
14. Malden name Katie (last	t name unknown) County Maryland	(include pregnancy within 3 months of death)  Major findings of operations		
Address 231 Phebus Ave	., Frederick, Md.	Autopsy results		
Burial (Burial, cramation, or removal, Which?)	Date thereot 9/17/47 (month) (day) (year) Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Where did injury occur? Its (City or town) (County)	14 Sept 47	
Location Frederic	k, Maryland	Injured at home, farm, Industry, public place (where?)	7.6	
18. Funeral director	chison and Son k, Maryland	Means of Injury auto accident injured at work		
Address Frederic.  19. Le Sett 19.4.  (Date rec'd by registrar)	Elialite 4 Hech. Registrar	23. SIGNATURE Charles X Correla Address Trellrian Md Bate s	Gorother of Sept '4	



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### MARYLAND STATE DEPARTMENT OF HEALTH

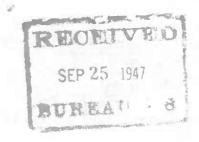
2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

131 Reg. Dist. No.

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Frederick	State Maryland County Frederick		
Cliy or the (If outside city or town limits, write RURAL and give nearest town)	Frederick-Rural R. F. D. #4		
	(If outside eity or town limita, write RURAL and give nearest town)		
How long in above place of death?	Near Buckeystown		
H'rederick Memorial Hospital	STREET NO		
Since Sentember 10 1947	(If rural, give LOCATION)		
How long in hospital or institution, Since September 10, 1947	2.(a) it veteran, name war None		
3. (a) FULL NAME	3. (b) Social Security Number		
LUTHER FRANKLIN MAGAHA	None		
4. Sex 5. Color or race 6.(a) Single, married, widewed, or divorced	MEDICAL CERTIFICATION		
M W M	Sontombon 23nd A7 A.30A		
	20. DATE OF DEATH. September 23rd, 19 47 4:30A		
6.(b) Name of husband or wife Daisy Darr	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from		
	Sept. 4 1947, 10 DBL 23 1847		
7. Birth date of Octobor 29 1970	and that I last saw have allive on start 33 1547		
7. Birth date of deceased (mo., day, yr.) October 28, 1879			
8. AGE: Years   Months   Days   It less than one day	Immediate come of degramme		
67 10 25hrsmin.	Lew Reternation agangeles as a Della for		
9. Birthplace Petersville-Frederick-Maryland	Due to		
(lown, county, and state)			
10. Usual occupation. Farmer			
11. industry or business Own Farm	Due to		
E 12. Name Luther F. Magaha, Sr.	Bitter and disease		
12. Name Loudoun County Virginia	Other conditions		
E 13. Birmplace	(Include pregnancy within 3 months of death)		
置 14. Maiden name Julia Bond			
Tourdour County Vincinia	Major fiedings of operations.		
E 15. Birthplace Loudoun Country VII ginia	Date of op.		
14. Maiden name Julia Bond 15. Birthplace Loudoun County Virginia 16. Informani Mrs. Daisy Magaha	Autopsy results		
Address R. F. D. #4, Frederick, Maryland	PHYSICIAN: Please underline the eaose to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial Date thereof (month) (day) (year)	Accident, suicide, or homicide		
17. (Burial, commetion, or removed, Winter)  Date thereof. (month) (day) (year)			
Cemelery or seematory Mount Olivet Cemetery	Where did Injury occur?		
Frederick, Maryland	Injured at home, farm, Industry, public place (where?)		
18. Funeral director M. R. Etchison and Son	Means of Injury Injured at work?		
1B. Funeral director.			
Address Frederick, Maryland	23. SIGNATURE BUTTONIAN M. D.		
10.2 4 Sept 1047 Elizabeth & Hech	M, D, or other		
(Date rec'd baregistrar)  Registrar	Address Frederick, Maryland Date signed 9-23-47		



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2411 N. Charles St., Battimore

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### CERTIFICATE OF DEATH

131

How long in above place of death? 18 Ye Hospital, institution, or street address where death o 350 West Patrick St How tong in hospitat or institution? 3. (a) FULL NAME	reet	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. Maryland County Frederick  City or lower Frederick  (If outside city or town limits, write RURAL and give nearest town)  Street No. 350 West Patrick Street  (If rural, give LOCATION)  1. (a) If veteran, name war None  3. (b) Social Security Number		
4. Sex   5. Color or race   6.(c	)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
F W	W	20. DATE OF DEATH September 30, 19 47 at 8:40Pm		
6.(b) Name of husband or Raymond  7. Birth date ot deceased (mo., day, yr.)  August 1	6.(c) If alive, give ageyears	21 L SERTIFY that death occurred on the date above stated; that i strended disceased from  19 19 19 19 19 19 19 19 19 19 19 19 19 1		
	ys If less than one day	Jumedia cause of death DURATION		
37 1 1	hrsmin.	will raitailes		
9. Birthplace Frederick Coun (Town, county 10. Usual occupation	ty Maryland	Due to.		
Elmer Ray 12. Name Frederick C	ounty Maryland	Bther conditions.		
14. Maiden name Birdie Bar 15. Birthplace Frederick Co 16. Intormant Miss Patsy R.		(Include pregnancy within 3 months of death)  Major findings of operations		
Miss Patsy R.  Address 350 W. Patrick		Antopsy results		
Burial Burial Barial, cramation, or removal, Which:  Cemetery or orematory Mount Oli	te thereof 10/3/47 (month) (day) (year) .vet Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Location Frederick	, Maryland	Injured at home, tarm, Industry, public place (where?)		
18. Funeral director	chison and Son	Means of injury Injured at work?		
Address Frederick	Elizabeth & Heck	23. SIGNATURE M. D. M. D. or other		
(Date rec'd by registrar)	Registrar	Address Frederick, Maryland Date signed 10-2-47		



2411 N. Charles St., Baltimore

08006

### CERTIFICATE OF DEATH

139

CERTIFICAT	E OF DEATH Reg. Diat. No	
1. PLACE OF DEATH: County Frederick,	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. State Sanatorium, Maryland. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Since 5/26/47	State Maryland County  City or town Baltimore  (If outside city or town limits, write RURAL and give near	
Maryland Tuberculosis Sanatorium	Street No. 2006 E. Hoffman St. (If rural, give LOCATION)	
How long in hospital or Institution?Since5/26/47	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security N	
Mrs. Sarah C. McGinnis  4 Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	212-10-70	40
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Married	20. DATE OF DEATH. Sept. 18 19.47	
6.(b) Name of husband of the Henry McGinnis  6.(c) It alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceamay 26 19.47 to ept. 18 and that I last saw h.er. alive on 9/18/47	1947
deceased (mo., day, yr.) 12/23/1905	Immediate cause of death	OURATION
8. AGE: Years Months Days I ff less than one day 41 9 26hrsmin.	Pulmonary Tuberculosis	ll mos
9. Sirthplace Baltimore. Maryland. (Town, county, and state)  10. Usual occupation Bartender	Due to	
11, industry or business		***************************************
12. Namo John DeVere 13. Birthplace Baltimore, Maryland.	Other conditions	
14. Maiden name Mary Burke	(Include pregnancy within 3 months of death)  Major findings of operations.	
Baltimore, Maryland.	Oate ot op	
16. informant Deceased	Autopsy results	
Address State Sanatorium, Maryland.	PHYSICIAN: Please underline the cause to which death should be charged a	tatistically.
17. Burial Date thereof Sept. 22. 1947. (Burial compution of removal Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	***************************************
Cemetery or crematory Moreland Memorial Cemetery	Where did Injury occur?	(State)
Location Baltimore, Maryland	Injured at home, farm, Industry, public place (where?)	
18. Funeral director. Elmer W. Conklin & Son	Means of injury Injured at work?	
Address 924 E. Eager St. Baltingre Garyland	23 SIGNATURE R. W. Breesi.	
19. 9/19/47 19 WW Agrange (Date rec'd by registrar) Registrar	State Sanatorium, Md. Bate signed	/19/47

information carefully. The of death clearly and legibly

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants rive residence of mother)  State. County
How long in hospital or institution?	Street No
3.(a) FULL NAME /	3. (b) Social Security Number
HARVEY E. MILLER	None Comments
4. Sex   5. Color or race   8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w married	20. DATE OF DEATH 16 SEPTEMBER 1947 , 21 6: 30 P. M
8,(6) Name of husband or wife Minnie S. mille	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  NEVER. 19
7. Birth date of deceased (mo., day, yr.) March 3, 1897	and that I last saw h ! A sire on 16 SEPTEMBER 19 47.  Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	accidental electrocution munch
9. Birthplace (Town, county, and state)	Que to
10. Usual occupation	Bue to
11. Industry or business  12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden nam Summe J. Harrogange 15. Birthplace	Major findings of operations
18. Informan Mrs. Harrey & milly	Astopsy results
Address Sumtowy, ne.	
17	22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide.
Cemetery or crematory	Where did injury occur? Wr English (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)
Location COVENIA CON	Means of injury Cartas Twith Line (riednjured at work? Y
Address and Address	Con a le d'Con la Son de
sept-16 way Mit Shall	23. SIGNATURE
(Date rec'd by registrar)	Address & All Sell Manyand Date signed to 24 1791

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### MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Firederick	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:
County	Marsher 1	ounty Causel
City or town (If outside city or town limits, write RURAL and give nearest town)	WIN.	00:
How long in above place of death?	(If outside city or town lim	its, write RURAL and give nearest town)
Mospital, Institution, or street address where death occurred:  Mederal Memoriae Home fell	Street of usul - MI	· auj Mel
		ve LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME William O. N.	1055	3. (b) Social Security Number
4. Sex 5. Color orrace 6.(a) single, married, widawad, or diversed  Mulle White Manuel		CERTIFICATION
7 2		26 1947 at 4:20 A.
6.(b) Name of backaged or wife Mas Oblessic Mass	21. I CERTIFY that death occurred on the date a	
		47 10 September 25, 10 47
7. Birth date of deceased (mo., day, yr.) Way 24 -1886		ptember 25, 19.47
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	
61 4 2nrsmin.	usute commany	Inrozn Wasis
9. Birthplace Gurbes Sanden Granica (Town, county, and state)	Oue to	
10. Usual occupation		***************************************
11. Industry or business	Due to	
	Dither conditions	
E 12. Name Anark Mrs.  13. Birthplace Grains		
	(Include pregnancy within 3	months of death)
	Major findings of operations	••••
El 15. Birthplace		Date of op
16, informant Mrs 03 essie J Moss	Autopsy results	
Address Mtan - Wandand.	PHYStCIAN: Please underline the cause to	which death should be charged statistically.
	22. VtOLENCE: tf death was due to external ca	auses, fill in the following;
(Burial, constitute and Willight)  Date thereof Choop the (day) (year)	Accident, suicide, or homicide	
Cemelery or promotory Olive Wice Com.	Where did injury occur?(City or town)	) (County) (State)
lossing but air - manufaced. Caroll	tnjured at home, farm, Industry, public place (	
C. J. I. A. D.	Meens of Injury	Injured at work?
18. Funeral director		· a ho
Address Win freld: Mid.	23. SIGNATURE A CAM	tim Tearre 1.
" It Sent " CO Dear by Hora.	ZJ. SIGNATURE	M. D. or other
(Date rec'd by revistrar)	Address Sudance	nac - Date signed

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CEDTIFICATE OF DEATH

			CERTIFICAT	TE OF DEATH	Reg. Dist. No. 131	
1. PLACE OF DEATH: Frederick County. Frederick City or term. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 Year Hospital, instilution, or street address where death occurred: Frederick Memorial Hospital How long in hospital or institution Since September 18, 1947				2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  Couoly  Frederick  (If outside city or town limits, write RURAL and give nearest town)  Street No. 244 Carroll Parkway  (If rural, give LOCATION)  None		
3. (a) FULL N					3. (b) Social Security Number	
	VERNO	N LINLE	Y PEACE		None	
4. Sex	5. Color or race	6.(a)Single, m	arried, widowed, or divorced	MEDICAL C	ERTIFICATION	
M	W		W	20. DATE OF DEATH Septembe	r 22, 19 47 1 5:40	
7. Birth date of	Jen		alive, give ageyears	21. I CERTUSY that death occurred on the date about 19.19.19.19.19.19.19.19.19.19.19.19.19.1	119 5 1.22 11	
deceased (mo., d	fears   Months		It less than one day	Immediate cause of death	DURATION	
	74 5	20	hrs mln.	ancre Peta	2/14	
9. Birthplace Yorkshire, England  Retired  10. Usual occupation  11. Industry or business  12. Name  Unknown  13. Birthplace  Unknown				Due to Change has	lus GM.	
The Contract of the Contract o	IInknown			(Include pregnancy within 3	months of death)	
14. Malden no	ame	• • • • • • • • • • • • • • • • • • • •		Major findings of operations.		
18. Informant G. Horton Peace				Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to w	hich death should be charged statistically.	
Address 244 Carroll Parkway, Frederick, Md  Removal  Remo				22. VIOLENCE: It death was due to external cau Accident, suicide, or homicide	(County) (State)	
18. Funeral direct	M. R. E	tchison	and Son	Msans of Injury	injured st work?	
Address	Or	***********************		00	9 M. D.	
Address Frederick, Maryland  19. 12 Sept 1941 Clinabett J. Heck Registrar				23. SIGNATURE	M. D. or other yland Date signed 9-22-4	

WITH UNFADING INK. Supply every item of information carefully. The correct resimportant. Physicians: please write the causes of death clearly and legibly. BINDING FOR RESERVED MARGIN

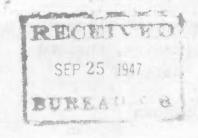
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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

it., Baltimore 830

### CERTIFICATE OF DEATH

08010 ·

1. PLACE OF DEATH:  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Itospital, institution or street address where death occurred:  How partial	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. Manyland County Tridench  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 229. What sauth 15
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war
3.(a) FULL NAME Margaret Clizebath	3 (h) Social Security Number
4. Sox 5. Color or race 8.(a) Single, married, widowed, or discrete  Female White Widowed  8.(b) Name of husband or wite Oliver H. Black	MEDICAL CERTIFICATION  20. DATE DF DEATH September 19 47 91 545 A. N  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 46 10 September 19 47.
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  hrs. min.	and that I last saw h. C.V. alive on Slight 'S 19 4 7.  Immediate cause of death  Ore Or old Hemourlage 1864
8. Birthplace	Bue to
tt. Industry or business  12. Name folia Shue maker  13. Birthplace Frederick Cs.	Other conditions
14. Maiden name. Savilla Cylev.  15. Birthplace Frederick Co	Major findings of operations.  Date of op.
Address Frederick Maryland  17. Burial (Burial, cosmodom, or remoyet, Which?)  Bate thereof Sept. (Jay 1947)	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Commeters or overstors Haysigh Church Cassactary  Location Heller Ladieshurg M. L.  18. Funeral director C. E. Church F. Saw	Where did injury occur?
18. 13 - Sept 19. X) Elizabette & Heck. (Date rec'd by respers)  (Date rec'd by respers)	23. SIGNATURE Sernard Homas M. D. or other J. 17/97.  Address Frederick Md Bate signed 9/13/97

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

08011 Reg. Dist. No. 131

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Frederick	
City of tederiste	State County Judan
(If outside city or town limits, write RURAL and give nearest town)	City or tour Frederick
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospitat, Institution, or street address where death occurred:	Street No. 608 Trail Cure
608 Trail and	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Neva Knott N	eifanider none
4. Sex   5. Color or race   6.(a) Single, married, middined, or diverced	MEDICAL CERTIFICATION
1 1-2	8 201 112 6112
ferral while married	20. DATE OF DEATH 21.0-43 M
Kelsen, Revlanider	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
B.(o) Name of husband of	april 8 1947, 10 Sept 27 1947
6.(c) If alive, give age	The Territory
	and thet I last saw h Of alive on Sight 2/
BOCCAOO (11107) WILLY TO	Immediate capac of death DURATION
8. AGE: Years Months Days If less than one day	Carchae Vecemensation 2 way
67 6 14	
	Per dia Maranta Real a 4000
9. Sirthplace Tude (Town, Sounty, and atate)	Due to.
	Duens
10. Usuat occupation	Due to
11. Industry or business	
# Dans V Knalt	Other conditions
12. Name	Other Conditions
El 13. Birthplace Comments Strung Mid	(include pregnancy within 8 months of death)
14. Maiden nam France Mc Weaver	
	Major findings of operations.
2 15. Birthplace Buckeys lam mel	Date of op.
18. Informant Mus Roll Mercies	Autopsy results
1 0. L med	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Fuckery	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Berrial Date thereof 9/24/47	
(Burlal, cremation, or semoral, Which) (month) (day) (year)	Accident, suicide, or homicide
Cometery or cremster, Mr. Cleur	Where did injury occur?
F- O. L. 20.00	tnjured at home, farm, Industry, public place (where?)
Location	
18. Funeral director Harry E. Carty Co	Meens of injury Injured at work?
P. A. J.	710 40 20
Address Fredericky, Ma.	23. SIGNATURE Haurence Jakiny mo
and the Co. of the Hard	23. Signature. M. D. Ar other
(Date rec'd by rigistrar)  Registrar	Address Fredrick Md Date Gened 9-23-47

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

08012 Reg. Dist. No. / 3 4

1. PLACE OF DEATH: County Frederick City or town (If outside city or town. How long in above place of death? Lift Hospital, institution, or street address where	•••••••••••••••••••••••••••••••••••••••	2. USUAL RESIDENCE (HOME) OF I (For newborn infants give residence of mo State	Frederick  7 S  rite RURAL and give nearest town)
3. (a) FULL NAME	Edward Arthur Ride		3. (b) Social Security Number
4. Sex Male S. Color or sace White	6.(a)Single, married, widowed, or divorced Widowed	MEDICAL CER September	8, 1947 3:30 PM
9 81 4 3-1 - 4	a Wetzell Ridenour  5.(c) If alive, give ageyears  1, 1872	and that I last saw h. A.M alive on	7, 10 Se ft 1- 19 #7
8. AGE: Years   Months 75 3	Days If less than one day 7hrsmin.		lage 17 days
10. Usuat occupation Labor	, Frederick Co., Md	Due to	
H 12. Name Goorge F 12. Name Emmitsbu H 14. Maiden name Laura	rg, Md. Shriner	Other conditions  (Include pregnancy within 3 mor	
16. Informant John Rich	mark Md	Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Cemetery or crematory	St. Mary's	Accident, suicide, or homicide	(County) (State)
Location Mt. St. Mar  18. Funerat director M. L.		Injured at home, farm, industry, public place (where Means of Injury	Injured at work?
0 11-12	M.F. Shuf	23. SIGNATURE	M. D. or other  M. D. or other  Date signed 9/1.0/4.7



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# PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The of sespecially important. Physicians: please write the causes of death clearly and legibly.

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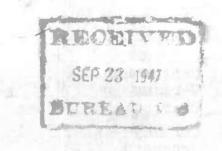
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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1				3	20
Ú	Reg.	Diat.	No.		27

CERTIFICAT	TE OF DEATH
1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. Mary land. County
City or town. State Sanatorium, Maryland (If outside city or town limits, write KURAL and give nearest town)  How long in above place of death? Since 1/27/47  Hospital, Institution, or street address where death occurred:  Maryland Tuberculosis Sanatorium  How long in hospital or institution? Since 1/27/47	City or town Baltimore (If outside city or town limits, write RURAL and give neorest town)  Street No. 212 No Monroe Sto (If rurat, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Louis Romig	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   Single   Single	MEDICAL CERTIFICATION  2D. DATE OF DEATH. September 22 19 47 at 2:20 A
5.(b) Name of husband or wife	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Pulmonary Tuberculosis 32 Mos.
9. Birihplace	Due to  Due to  Differ conditions  (Include pregnancy within 3 months of death)
14. Maiden name Charlotte Ashbocher 15. Birthplace Germany	(Include pregnancy within 3 months of death)  Major fiedings of operations
16. Informant Decoaseu	Autopsy results
Burial  Burial  Bate thereof September 24,  (Buriol, cremation, or removal. Which?)  Loudon Park Cemetery  Baltimore, Maryland  18. Funeral director Frederick A. Cole  Address 1200 W. Lombard St. (1)	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)  Means of injury injured at work?
19. Sept. 22 19 47 Registrar Registrar	23. SIGNATURE M. D. XXX.  Address State Sanatorium, Md. Bate signed 9/22/47



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

08014 Rog. Diat. No. /34

1. PLACE OF DEATH:  County Frederick  City or fown Emmitsburg Md.				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
City or town				City or town		
3. (a) FULL NAM				2.(d) II veteran, name war		
				3. (b) Social Security Number		
Mary he]	en Rosen	steel	le, married, widowed, or divorced	11	none	
Female					ERTIFICATION  47 150  1947 1147	
		6.	Rosensteelyear	21. I CERTIFY that death occurred on the date ab	to 197	
8. AGE: Year		Days	If less than one day	Immediair cause of death.	SLOTE /5 Mil	
84	11	15	hrs,min.	1		
10. Usual occupation.  11. Industry or busine	Housek	teper.	erick Co., Md.	Due fo	several years	
<u>&amp;</u>	Imdia T		itty , mu.	(Include pregnancy within 3	months of death)	
H 14. Malden name	ry.u.rar	2 <b>er</b>		Major findings of operations		
\$1 15. Birthplace	Adams C	ounty	egenna.	Date of op		
18. Informant M.		Ma	In Euro Re	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Emmitsburg. Md.  17. Burial Date thereof. Sept. 29. 1947 (Burial, eremation, or removal. Which?)				22. VIOLENCE: II death was due to external causes, till in the following:  Accident, suicide, or homicide		
				Where did Injury occur?	(County) (Seets)	
	/ /	/ /	. 1	Meens of injury	Injured at work?	
18. Funeral director				1.211.	11. 4.5	
Address Emmitsburg, Md			1-11	23. SIGNATURE	ace mi	
18 Chat ree'd by I	27 19 47	/./	1. Druff	Juan Tuansbu	M. D. or other M. D. or other 27-47	

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W. Mr. St. Harris

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		CERTIFICA	TE OF DEATH	Reg. Dist. No	131
1. PLACE OF DEATH: County Frederick City or team (If outside city or town limits, write RURAL and give nearest town) Life How long in above place of death? Hospital, institution, or street address where death occurred: 15 East Second Street			2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  State  County  Frederick  (If outside city or town limits, write RURAL and give nearest town)  Street No. 15 East Second Street  (If rural, give LOCATION)  None		
3. (a) FULL NA		RANKLIN RUPRECHT		3. (b) Social Securi None	ty Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
M	W	S	20. DATE OF DEATH Septem	mber 19, 19 4'	7 .1:15A
	and or wife		21 I CERTIFY that death occurred on the date at 19. and that I last aaw harman alive on and the state of death.	4.5 , 10 Steff	19 194-7. 194-7.
8. AGE: Y	ears Months	Days If less than one day 25hrsmir	and the Same of Containing States		1. /
9. Birthplace	Paper H		Due to		2920 J
12 Name Louis F. Ruprecht   12 Name Louis F. Ruprecht   13 Birthplace Frederick County Maryland   14 Malden name Mary C. Myers   15 Birthplace Frederick County Maryland			Dther conditions Delpuration		2'4/40,4
			(Include pregnancy within 3 months of death)  Major findings of operations		
16. Informant Mrs. Annie R. Cover Address 122 W. 7th St., Frederick, Md.			PHYSICIAN: Please underline the cause to v	which death should be charg	
Burial Date thereof 9/22/47  (Burial, cremetion, or removal, Which?)  Cemetery or prematory  Frederick, Maryland			22. VIOLENCE: If death was due to external ca  Accident, suicide, or homicide	Date of	(State)
			tnjured at home, farm, industry, public place (		
	M R	Etchison and Son	Means of Injury	injured at work?	
Address Frederick, Maryland			23. SIGNATURE	Ticle LERA	M. D
19. 20 De	y registrar)	Elizabeth & Hech	Address Frederick, Man		or other 9-19-4

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ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legible

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

			TE OF DEATH		139
				Reg. Diat. No	O
1. PLACE OF DEATH: Frederick			2. USUAL RESIDENCE (HOME	ce of mother)	
tv or town	State Sans	torium, Marylend imits, write RURAL and give nearest town) 8 6 6/17/46	State Maryland	County Prince	George
(I	f outside city or town l	imits, write RURAL and give nearest town)	City or town Branchvi 1	le limits, write RURAL and giv	
ospital, institution.	or street address where	death occurred:	GIUS PROM	Imits, write RURAL and give	ve nearest town)
Maryla	and Tuber	culosis Sana torium		, give LOCATION)	
low long in hospital	or institution?	ince 6/17/46	2.(g) if veteran, name war		V
B. (a) FULL NA	ME			3. (b) Social Secu	rity Number
Et	ta Sandhe	eger		220-12-3	902
I. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL	L CERTIFICATION	
Female	White	Married	2D, DATE DF DEATH Sept. 6	19	47 . 6:25A
I. Birih date of	Tables 1	eph H. Sand heger	June 17 and that I last saw h. er alive on	19 46 to Sept	6 19 47
deceased (mo., day	,,,,,		Immediats cause of death		DURATION
J. AGL.	Months 1	Bays   if less than one day	Pulmonary Tuber		
9. Birthpiace	Hinton (Town,	V. V. a. county, and state)	Due to		********
18. Usual occupation	Housewi 1	. 6	Ove to		
11. industry or busin	ess		Due to		•••••
12. Name	Loring 1	E. Gill	- Dither conditions		
13. Birthplace	Hinton,	W.Va.			
	Dora My	ers	(Include pregnancy with		
14. Malden nam 15. Birthplace	Roanoke,		Major findings uf uperations		
1B. Informant	Decease	1	Antopsy results		
Address	•	0	22. VIOLENCE: If death was due to extern	val causes, fill in the following;	
17. Burnati	on, or removal. Which?	Date thereof Sept. 9, 1947	Accident, evicide, or homicide		
Cometery or crem	Heriton	Cemetery	Where did injury occur?(City or to	own) ~ (County)	(State)
	/ "	!. Va	(51.5 1.1		
	• .		A Party and the state of the st	Injured at work?	
	) "	when 6.		6	
Address /C	werdale	India NO	- 23 SIGNATURE R.W. A	allis.	
sen t.	6 1947	Hal kipin	Chata Canata	Maller M	1. D. MOUNE
(Date rec'd by	registrar)	Registra	Address State Sama to	rium, Ma Date st	gned 9/0/4/

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Rog. Diat. No ...

1. PLACE OF DEATH: 1	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County. Judence	many of Frederick
(If outside city or town limits, write RURAL and give nearest town)	State County County
Now long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	ing I Patrick
Frederick memoral Hospita	Street No. (If rural, give LOCATION)
How leng in hospital or institution? Aug	here o
3. (a) FULL NAME	3. (b) Social Security Number
Baby Boy Slag	gle none
4. Sex 5. Color or race 8.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION
male white Single	20, DATE OF DEATH September 7- 19 47, at 9 a. M
8.(b) Name of husband or wife	21. I CERTIFY that down accurred on the date above stated: that I attended deceased from
	10 10 10 10 10 10 10 10 10 10 10 10 10 1
7. Birth date ef	and that I last saw h season alive on
deceased (mo., day, yr.) Sept. 7 - 1947  8 A.C.F. Years   Months   Days   If less than one day	Immediate cause of death DURATION
G. AGE.	17 A Couple Laster / to
hrs. 4.8. n	nin. 12
3. Birtholace I rederick County marylan	Due to Cheat Clo
(Town, county, and state)	13 110.04
1D. Usuat occupation.	
11. Industry or business	Due to
oci 0.1 P. R. 1 10- 0.	
E 12. Name	Dther conditions
\$ 13. Birthplace I rederick - Ind.	(Include pregnancy within 3 months of death)
14. Maiden name Mary P. Koogle 15. Birthplace Burswick - Inf.	
6 . 6 3-1	Major findings of operations
\$ 15. Birthplace Sunswick - Md.	Date et op.
16. Informant John R. Slagle	Antapsy results
Address 108 H. Patrick St. Fredk. m	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Audies 100 11. 1200 C. T o 10.11	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burlal, comation, or removed Which?)  (Burlal, comation, or removed Which?)	Accident, suicide, or homicide
But Olivet Constan	Where did injury occur?
Cemetery or cremetery	
Location Frederick - Ind.	Injured at home, farm, Industry, public place (where?)
C. E. Cline & Sow	Means of Injury Improd at work?
18. Funeral director.	
Address Frederick - Myd.	23. SIGNATURE THE LACENCE CHISTOPPE
and and the color of the later of	23. SIBRATURE
19. Character 19 Land Character 19 Land Character 19 Regist	Tar Address NA O 6/0 40 is R Bate signed 6495-47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clears, and

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2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

	US	SC	18
Reg. D	Diat. No		31

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Therene	march 1 Frederick
City or term (If outside city or townshimits, write RURAL and give nearest town)	State County
How long in above place of death? Lifetime	(if outside city or town limits, write RURAL and give negreat pown)
Hospital, institution, or street address where teath occurred:	Street No. 309 H. Patrick St.
309 H. Patrick St.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war. None
3. (a) FULL NAME	3. (b) Social Security Number
John Wesley	Stales none
4. Sex 5. Color oy 1296 6.(a) Single, married, wildowed, or diversed	MEDICAL CERTIFICATION
male White Hidawed	20. DATE OF DEATH. Aug 25 19.84.7 at /21/5.
2 +0 611 9+0	SO, WILL DI DENTING
6.(b) Name of husband or wife margaret C. USA State	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
6.(c) If alive, give age	19 10 19 19 19 19 19 19 19 19 19 19 19 19 19
T. Birth date of deceased (mo., day, yr.) /2 - 4-1866	and that I last eaw h. 1.27 alive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death OURATION
80 9 22hrs.	min.
& Birthplace Frederick Co. ml.	a.
9, Sirthplace	Due to
10. Usual occupation Retired	
11. Industry or business Policeman	Due fo
II. Industry of dustriess	
12. Name John W. Staley  13. Birthplace Frederick Co, Ind.	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Sarah Musa	Major findings of operations.
14. Maiden name Sarah miss 15. Birthplace Frederick Co. md.	Date of op.
albert M. Stele	Antensy results.
16. Informant.	PHYSICIAN: Please underline the cause te which death sheald be charged statistically.
Address 309 N. Parick St. Frenk.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremution, or removal; White)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Rock. Shing Cometer	Where did injury occur?
Cemetery or eventatory	
Location Host Fredrick - July	Injured at home, farm, industry, public place (where?)
18. Funeral director L. E. Cleine X Son	Meens of Injury Injured at work?
Address Frederick- Ind.	D. 11/ Board
and the contraction of the contr	23. SIGNATURE M. D. or other
19. 2 6 Slot 19 4 Challelle T. Regist	trar Address - reduced Left. Date alghost of 76 V
(Date tee a ny he grotter)	No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

0801;)
Reg. Dist. No. 14/

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Mary and County Tulunk
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town
Mospital, Institution, or safet appress where weath occurred:	Street No. 76, 9th ave
201 98 Arc	(If rursl, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war.
Charles allern ded	3. (b) Social Security Number
4, Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Phile Midowed	20. DATE OF DEATH Seplember 10 19 47 at 1:00 CK M
6, (b) Name of hueband or wife Mystle M. Arramale	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
	= pt 10 10 4 10 Sept (U 10 4)
7. Birth date of deceased (mo., dey, yr.) Chail 21 1872	and that t last saw h MM alive on APPONT (ATTION)
8. AGE: Yeare Months Daye It less than one day	Immedia: cause uf death OURATION OURATION
73 4 19hrsmin.	/ '
9. Birthpiace West Usingwick	Due to
1D. Usual occupation Refined F. R. Conductor	
11. Industry or business	Due to
	Other conditions
12. Name West Wing piece	
	(Include pregnancy within 3 months of death)
14. Maiden name West Vinguis  15. Birthplace West Vinguis	Major findings of operations
Mr. Walte Ride land	Autopsy results.
18. Informant	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Address Champing 11 de,	22. VIOLENCE: If death was due to external causes, till in the following:
17. (Burial, eremation, or removal Which?) (month) (day) (year)	Accident, euicide, or homicide,
Cemetery or crematory	Where did Injury occur?
Location Language Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director 6. 21. 24to + 13to	Means of Injury Injured at work?
Address Brunewest M.L.	In Moto appointer
Sept 10 42 Rothers N Brown	23. SIGNATURE M. D. or other
(Date fee'd by registrar)  (Date fee'd by registrar)  Registrar	Addrese Aulthuille Va Date signed 9/10/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

The correct age

1 1 1 1 1 1 1 1 1 See year Except of less of close the prople it Herends Specif 21 Wasterieres. Cathadas Conductor Den 25 18 18 196 STORES VICE The state of the dead wing to in a thing at : 4 Hate 180 Burney Ille

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WRITE

PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

CERTITICA	Reg. Diat. No.
1. PLACE OF DEATH:  County  Oity grown (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:  Enter of the county of the co	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
Daniel Thomas.	3. (0) Social Security Number
4. Sax 5. Color or race 6.(a) Single, married, widowed, or diverced  Male C Single	MEDICAL CERTIFICATION  20. DATE OF DEATH September 15 19 47 21 5 2. 1
5.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.)	Immediate cause of death DURATION CORONARY thrombosis INERK
9. Birihplace Mt Pleasant Fied Co.  (Town county, and state)  10. Usual occupation County Cou	Due to
11. Industry or business    12. Name   North Russ    13. Birthplace   13. Birthplace   14.   15.	Dither conditions
14. Maiden name Jane Llomas  15. Birthplace Fred. Co.	(Include pregnancy within 3 months of death)  Major findings of operations
18. Informant Mrs mary 2. Wathers  Address Walkersville, nd.	Antopsy results  PHYS1CIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, evenation a sensoral Which!)  Cemetery or sensoral Which!  Cemetery or sensoral which!	Accident, suicide, or homicide
Location rut. Pleascut	Injured at home, tarm, industry, public place (where?)
18. Funeral director & Basters	Means of Injury Injured at work?
Address Walkersville  19, 19 Sept. 19 47 Elizabettly Help (Date ree'd by begistrar)  Registrar	23. SIGNATURE Server Stumosh M. D. or other Address Frederich U. L. Date signed Sefet 18, 4



23. SIGNATURE.

Reg. Dist. No.

FOR BINDING

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MARGIN

1. PLACE OF DEATH:

RITE 1

PLEASE

A.		mits, write RUF	AL and give nearest t	town)
How long in above place of Hospital institution, or s	street address, where	death decurred:	Hrefe	tal
How long in hospital or	Institution?	uny	ř	*****************
3. (a) FULL NAME	nes E	dwa	rd. Tho	ma
Male	Black	ma	arried.	ed-
6.(b) Name of Authand o		. (c) 1	f alive, give age 3.9	years
7. Birth date of deceased (mo., day, yr	Decem	nber. 2	4.1906	
8. AGE: Years	Months	Days	If less than one day	
40	Frederi	1.60	laa l	mtn.
9. Birthplace	Fredery,	anunty and atal	(a) A	
1D. Usual occupation		La	borer.	
11. Industry or business		11.	7/	
13. Birthplace	Freder	ich lo	Thomas Md.	
14. Malden name	Troderic	4/00	Md.	
16. Intermant	atie H	oma	nothe	カ
Address n	ew ma	ket.	Md.	4.5
17. Buria (Burial, crumation,	or semoval, Which?)	Date thereof.	Sept 5 ful beme	(year)
Location 12	u ma	KU 1	nd.	~avy
1B. Funeral director	NE Fal	coner		
Address	new h	ranks	t Md.	
19 left 4	1947	ناع	Schoth S. H	Registrar

2. USUAL RESIDENCE (HOME) (For newborn infantagive residence of	OF DECEASED:	entele
Stale C	County	
Off or town	nits, write RURAL and give	nearest town)
Street No(If rural, gl	ve LOCATION)	
2.(a) It veteran. name war		
lool.	3. (b) Social Securi 2/4-/0	-5271
MEDICAL	CERTIFICATION	
20, DATE OF DEATH TENEMA	4 3 19 X	7 at 4 29 M
21. I CERTIFY that death occurred on the date a	above stated; that 1 strenged y	leceased from
		OHOSTION
Immediate cause of death	<i>L</i> a	6 dry
		1
Due to accrations	africa africa	15-days
Due to		
Other conditions	•••••	
{Include pregnancy within	3 months of death)	
Major fiedings of operations		
***************************************	Date of op	
Actorsy results	which death should be charg	ged statistically.
22. VIOLENCE: Il death was due lo external q	puses, lift in the lollowing:	1 111 101.74
Accident, suicide, or homicide uccut	und Tale of	Aug 17 1741
Where did injury occur?	(County)	(Sigte)
Injured at home farm, Industry, public place	13	place
Means of Injury 7226 74 4 424	tnjured at work?	ruc

SEP 16 1947
BURKAU S 8

0.8022 Reg. Dist. No. 131

### CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Monard and  Frederick		
County Frederick-Rural R. F. D. #5  On the street of the street address where death occurred:	Street No.  State Maryland County Frederick  City or town Frederick-Rural R. F. D. #5  (If outside city or town limits, write RURAL and give nearest town)  Street No.		
Shookstown How long In hospital or Institution?	(If rural, give LOCATION) NONO		
3.(a) FULL NAME WILLIAM CALVIN TUCKER, SR	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced W	MEDICAL CERTIFICATION  20. DATE OF DEATH 19 29 19 47 21 4 7		
6.(b) Name of Ausband of wite Mary Falk	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) November 2, 1866	and that I last saw h		
8. AGE: Years   Months   Days   It less than one day	Colonary ocelumin of		
9. Birthplace Frederick County Maryland (Town, county, and state) Retired	Oue to.		
11. Industry or business	00e 10.		
Edward F. Tucker	Other conditions		
13. Birthplace Frederick County Maryland   Sally E. Mull   15. Birthplace Frederick County Maryland   Harvey J. Tucker	(Include pregnancy within 8 months of death)  Major findings of operations		
15. Birthplace Frederick County Maryland			
Harvey J. Tucker  Address R. F. D. #5, Frederick, Maryland	Actors results		
Burial Oate thereof 10/2/47  (Burial, cremation, examoval Which?)  Mount Olivet Cemetery	22. VfOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Cometery or seematory:  Frederick, Maryland	(City or town) (County) (State)		
M P Ftabiaan and San	Means of injury Injured at work?		
Address Frederick, Maryland	Deputy Medica: Examiner  M. D. or other		
19. 1— Oct 19. Y) Elgalette J. Helh Registrar	M. D. or other  Address Factorian Date signed 7. 2.9.		

FOR BINDING

MARGIN RESERVED

PLEASE

VS A15



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

08023

#### CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH:  County Frederick  City or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:					2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants givu residence of mother)  State Maryland County Frederick  City or Decease (If ontside city or town limits, write RURAL and give nearest town)  Street No.		
Monte vo	nstitution? 6 3				(If rural, give LOCATION) NONE  2.(a) It veteran, name war		
3. (a) FULL NAME	IDA TYS			3. (b) Social Security Number None			
Female	5. Color or race Colored		e, married, widowed, or divorced	MEDICAL CERTIFICATION  20. OATE OF DEATH.  September 19th 19 47 et 4:30 Pm  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
6.(b) Name of husband or wife					and that I last saw he wallve on Seff 19 19 19 19 19 19 19 19 19 19 19 19 19		
8. AGE: Years	? Months	Days	It less than one day	mln.	Cevebral henorrhage ! day		
10. Usual occupation  11. Industry or business    12. Name	Domestic	oni	state)	Oue to  Other conditions			
15. Birthplace	Unknown		je	Major findings of operations.  Oate of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address  17. Burial Bate thereof Sept. 22. 19/17. (Burial, demotion, assembly Wilson)  Cemetery or exempton, Commentery  Location Frederick, Maryland  18. Funeral director C. E. Cline & Son  Address Frederick, Maryland  19. 20 Sept. 1847  Registrar					22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide		

BY LAKE TO THE PERMANENT TYATS THAT I'VE AM

CERTIFICATE OF DEATH

SEP 25 1947

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/0

# CERTIFICATE OF DEATH

080P31

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County	************
3. (a) FULL NAME	3. (b) Social Security Numb	er
4. Sex   5. Color or race   6.(a) tingle, married, widowed, or divorced		
nale volute married	MEDICAL CERTIFICATION  20. DATE DF DEATH September 9th, 19 47 et 3	1:00
B.(b) Name of husband or wite. Many decelle White  B.(c) If alive, give age. Le. Le years	21. I CERTIFY that death occurred on the date above stated; that t attended deceased for April 28th, 19 47 to Sept. 9th	m 19.47
7. Birth date of deceased (mo., day, yr.)	and that I last saw h im alive on September 9th.	194.7
8. AGE: Years   Months   Bays   If less than one day	Immediate cause of death Cerebral hemorrhage	duration 6/47
8. Birthplace Montagemen Co. W. J.  (Town, county, and state)	Due to Cardiovascular Renal Disease	reral
18. Usual occupation Returned Harrison		ars
11. Industry or business  12. Name	Diher conditions.	
E 14. Maiden name Luce Diteler	(Include pregnancy within 8 months of death)  Major findings af operations	
		***************
18. Informant Mrs Levelle While	Autopsy results	ally.
Address Suckleybru - Wandard  17. Dan ul Date thereof Shall 1 - 164).  (Burial, cremetion, or removal, Which)  (Burial, cremetion, or removal, Which)	22. VtOLENCE: tt death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide	
Comptery or cremstery Museum less	Where did injury occur?	a)
Location Ose all tible - Orandard.	Injured at home, farm, industry, public place (where?)	****************
18. Funeral director (1) Illian 13 7 till	Means of injury Injured at work?	
Address Barre ville 20	23. SIGNATURE Catt Couly	
19. 10 Sept 19.45 Elizabeth Fredh Registrar	Address Frederick, Mary Land Date signed 9/	10/47

BUREAT

SEP 13 1917

# MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

							08025
				EPARTMENT OF H  os St., Baltimore  TE OF DEATI	4667	Reg. Dist. No.	144
How long in above pta Hospitai, Institution,	edrick ral, Thu	death occurred	Md. R.D.#1 URAL and give nearest town) 12 years	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Fredrick  City or town Rural  (If outside city or town limita, write RURAL and give nearest town)  Thurmont, R.D.#1  (If rural, give LOCATION)  2.(a) If yeteran, name war.			k
3. (a) FULL NAM			***************************************	2.(4) 11 receian, name war	1	3. (b) Social Securi	tu Nambar
J. (G) A OLL MAI		Rannas	d McClellan Wi	17.0		none	ily Italianer
4. Sex m	5. Color or race white	6.(4)Singi	e, married, widowed, or divorced		8/10	RTIFICATION	7.21.8.05
8. AGE: Yes	y, yr.) Nover	nber 2	merman Wills c) If alive, give age 7.5	21. I CERTIFY that death occurred and that I last saw h. A.s. Immediate cause of death.	native on		19 4 DURATION
10. Usuat occupation	eee	er		Due to Carre	e zudol	arditie	2 400
12. Name	acob Wil			Other conditions			
HOW 14. Maiden nam	Adams ( Adams (	oeth M	ills	(Include p			
Address Thurmont Md, R.D.#1				Antopsy results			
17 bur 1 (Buriai, crematic	on, or removal. Which		(month) (dsy) (year)  Cemetery	Accident, suicide, or homicit Where did injury occur?	fe	Dats of	(State)
di.	hurmont,	Md.		Injured at home, farm, indus			
18. Funeral director	S. I.	288	Sur	Meens of injury		Injured at work?	1
Address Em	mitsburg	, Md.		Ma	mis /	Birth.	MN
19 Sept 1	1947.	Bl	auche S. Eyler	23. SIGNATURA Thurmo	nt, Md.		D. or other ned 7/1/47

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully time is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

correct age



The state of

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE WRITE

VS A15

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore /3/a

#### CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Frederick	State Maryland County Frederick City or Lower Frederick			
(If outside city or town limits, write RURAL and give nearest town)				
Row long in above place of death?	(II Outside city or town minus, write ACAAL and give hearest	town)		
Hospital, institution, or street address where death occurred: 328 West College Terrace	Street No. 328 West College Terrace	*******************		
	(If rurs), give LOCATION) NODO			
How long in hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Nur	nber		
HILDA ELIZABETH WOODWARD	None			
4. Sex 5. Color or race 8.(4)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
F W M	20. DAYE OF DEATH September 16, 19 47 at	4:20A M		
S.(b) Name of husband opening Lewis A. Woodward	21. t CERTIFY that death occurred on the date above stated; that I attended deceased	from		
		19.47		
7. Birth date of Flohaman R. C. 7. 1990 years	and that I last saw h. a. alive on	19.45		
deceased (mo., day, yr.) February 23, 1889	Immediais cause of death.	DURATION		
8. AGE: Years Months Days It less than one day	Munia	den		
58 57 6 23hrsmln.		. , , ,		
9. Birthplace Johnsville-Frederick-Maryland (Town, eounty, and state)	Due 10. Cendio Varialm donal	year		
1D. Usual occupation	Due 10. Multiple Ichrain	20 you		
11, Industry or business				
質 12 Name Eli G. Haugh	Dither conditions			
13. Birtholace Frederick County Maryland				
# 14. Maiden name Mollie Strawsberg	(Include pregnancy within 8 months of death)			
	Major findings of operations.			
15. Birthplace Frederick County Maryland	Date of op.			
16. Informant Lewis A. Woodward	Autopsy results.			
Address 328 W. College Terrace, Fred'k, M	PHYSICIAN: Please underline the cause to which death should be charged state	istically.		
Print o 1 0/19/47	22. VIOLENCE: If death was due to external causes, fill in the following:			
	Accident, aulcide, or homicide	***************************************		
Cometery or exemptory Mount Olivet Cemetery	Where did injury occur?(City or town) (County) (S	tate)		
Frederick, Maryland	Injured af home, farm, industry, public place (where?)			
18. Funeral director. M. R. Etchison and Son	Means of Injury Injured at work?			
Emodeniels Menuland	71 4. 40	4.0		
Address Frederick, Maryland	23. SIGNATURE The Lawrence Fahrry	mu		
19. State 19 47 Chalette 4 Hegistrar	Address Freduck mcl Date signed 9			

SEP 20 1947

TION is very important. See instructions on back of certificate.

B. ż

STATE	OF	MARVI	AND-	CERTIFI	CATE	OF	DEATH
SIMIE	UL	MAKIL	ANU	CERTILI	CAIL	Or	DEALL

/z . / . /	
unty Frederick	Registration Dist. No. 138
lage or City diametric light of residence in city or town where death occurred ryrs.	No. As Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)  nos. As ds. How long in U.S. if of foreign birth?
LL NAME Hora to Gangling	If U. S. Veteran, specify WAR None
Residence: No. Frederic (Usual place of abode)	St., Ward.  If nonresident give city or town and State
ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
all while OR DIVORCED (write the word)	Month) (Oay) (Year)
ied, widowed, or divorced AND of MIFE of Wurster Guilling	22. I HEREBY CERTIFY, That I attended deceased from
Jul 21 1002	, 19 10 3 77 47 , 19 7
F BIRTH (month, day, and year) July 31, 1883  Years   Months   Days   If LESS than	I last sew had alive on 19 ; death is said
Years Months Days If LESS that	
ormin.	were es follows: Oute of one of
ade, profession, or particular kind of work done, as SPINNER, ? Packer SAWYER, BOOKKEEPER, etc.	and there are here
dustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  13. 13. 14. 15. 16. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	Contract to the state of the st
te deceased last worked et 11 Total time (veare)	rs.
PLACE (city or town) Meddle town ate or country)  Frederick Country	Other Contributory Causes of importance:  Muchael Maries (Definision) 2 2000
ME Oliver H. Kelnever	,
RTHPLACE (city or town). Medalletown (State or country) Treduck Corunta	Name of operation Dete of What test confirmed diagnosis? Was there an autopsy?
NOEN NAME Ellen Kirk	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
RTHPLACE (city or town) buddle lowing	Accident, suicide, or homicide? Date of injury, 19
(State or country) Frederick Comple	Where did injury occur?
MANT Mrs. Edgar L. Hargett  Idress) R. F. D. #4, Frederick, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
cremation or removal Reformed Cemetery Middletown, Md. Oate Sept. 30,19	Menner of injuryNature of injury
TAKER M. R. Etchison and Son diess) Frederick, Maryland	24. Was disease or Injury In eny way related to occupation of deceased? M.C.
29 Sept , 1947 Lucian A Falcore Registrar.	(Signed) June 1 Me allow M. D. (Address) OF Consequently Held

#### UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	1915	Attack of epilepsy	1 week ago		
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis 0 1041	3 days ago		
		001			
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Z. Diat. No. 131

				208. 2120 1101	
1. PLACE OF I	DEATH: ederick		2. USUAL RESIDENCE (HOME) OF	F DECEASED:	
County Frederick			State Maryland County Frederick		
(If outside city or town limits, write RURAL and give nearest town)			Doube	#17	
	lace of death?		(If outside city or town limits	, write RURAL and give nearest town)	
Hospital, Institution,	or street address where	o doath occurred:	Street No.		
rreder	CK Memor	nce Sentember 15 10	None None	LOCATION)	
		nce September 15, 19	2.(a) If veteran, name war		
3. (a) FULL NA	ME			3. (b) Social Security Number	
	MARY E	VELYN YOUNG		212-24-7437	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	, MEDICAL CH	ERTIFICATION	
F	C	S	20. DATE OF DEATH. Septemb	er 23, 1947 2:30P	
	4		21. I CERTIFY that doath occurred on the date abo	ive stated: that I alfended deceased from	
6.(0) Namo of husba	and or wife		Sep + 15 194		
T. Birth date of	***************************************	6.(c) 11 allve, give ageyears	and that I dant saw h exalive on	1 1 1/19 11/6	
deceased (mo., da	ay, yr.) Nove	mber 21, 1918	Immediain cause of death		
0	ears . Months	Days If less than ons day			
2	28 10	2hrsmin.	July noc Emps	leans de	
a Riedhalosa Fi	rederick	County Maryland	Due 10.	Supples	
9. Birinpiace	(Town	n, eounty, and state)			
18. Usual occupation	waitre		Due to		
11. Industry or busi	Iness Franci	s Scott Key Hotel			
12. Name	John H. Y	oung	Other conditions.		
13. Birthplace	Frederic	k County Maryland			
E IOI SITTIFIAGE	Blanch	e Tee	(Include pregnancy within 8 r		
14. Malden na	Drodent el	L County Manual and	Major findings of operations	reliving	
₹ 15. Birthplace	rrederic	k county mary tand	16 lb Florid	Dato of op.	
16. Informant	Mrs. Blan	e Lee k County Maryland che Young	Antopsy results		
	Doubs, Ma		PHYSICIAN: Please underline the cause to wi	hich death should be charged statistically.	
Bund	0.7	9/27/47	22. VIOLENCE: If death was due to external cau	ses, fill in the following:	
(Rurial aramat	tion or some land		Accident, suicide, or homicide	Date of	
Cemetery or cree	Color	ed Cemetery	Where did injury occur?(City or town)	(County) (State)	
		ocks, Maryland	Injured at home, farm, Industry, public place (w		
AD Consul About	M. R.	Etchison and Son	Msans of injury	Injured at work?	
		ick, Maryland	GNOW	mob M. D.	
Addross	1	01 0 -4 0 11	23. SIGNATURE	M. D. or other	
19.26 Ser	pt 1947	Elyabeth J. Hech.	To Paralle	Date signed Sep. T. 2. 4.	
(Date ree'd by	registrar)	Registrar	Address	Date signed	

PLAINLY, WITH UNFADING INK. Supply every item of information carefully, The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correspecially important. Physicians: please write the causes of death clearly and legibly.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
City or town	State Mary faul County The Market County or town				
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)				
Hospital, Institution or street address where death occurred:	Street No. 309 Feleseville Boxs.				
307 Fillsaille Israe	(If rural, give LOCATION)				
How long to hospital or institution?	2.(a) It veteran, name war				
3. (a) FULL NAME	3. (b) Social Security Number				
William Henen y	705-07-7996				
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
male Colard married	C. + 27				
11 100	20. DATE OF DEATH S - 1 2 . 3 M				
8.(b) Name of husband or wife Resulting Whalest	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from				
8.(c) It alive, give age 40 years	3 to 19				
7. Birth date of	and that I last saw h. I. I. alive on 2 2 1947				
deceased (mo., day, yr.)	Immediate cause of death				
8. AGE: Years Months Days If less than one day	Coronary of elemin 7,				
0/hrs,min.	1				
maniland.					
9. Birthpiace (Town county and store)	Due to				
10. Usual occupation KT VOIFILY Kilorer					
	Due to				
11. Industry or business					
12. Name 11.	Dther conditions				
13. Birthplace Usia inlia	(Include pregnancy within 3 months of death)				
14. Maiden name Fastinie Prous	(Include pregnancy within 3 months of death)				
222	Major findings of operations.				
E 15. Birthplace May Laux.	Date of op.				
16. Informant Me Lewis Grand	Autopsy results				
01 + 107111	PHYSICIAN: Please underline the cause to which death should be charged statistically.				
Address affasteller 1.7. h.	22, VIOLENCE: it death was due to external causes, fill in the tollowing:				
17. Bate thereof QCX 12, 194	Accident, suicide, or homicide				
(Burial, eremation, or removal, Whieh?)  Date thereof (month) (day) (year)					
Cemetery or crematory	Where did injury occur?				
Location Found of Socies Md.	Injured at home, tarm, industry, pubtic place (where?)				
DSI Ebitor Ran	Means of Injury lojured at work?				
18. Funeral director	0 0 0				
Address Brunswill Mill,	W' / Sarpapa R. R. D.				
19 Oct 2 19 47 Natheyn N. Brow	23. SIGNATURE MADE OF OTHER PROPERTY AND ADDRESS OF THE PROPERTY OF THE PROPER				
(Date was'd by magistray)   Registrar	Address   Bate claned T. T. Sec.				

William Delhur Yang (300)

OCT 6 1917